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EDITED BY

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Fellow of American Academy of Medicine, *Etc.*

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ORIGINAL CONTRIBUTIONS.

Obstetrics and Gynecology.

BY B. BERNARD BROWNE, M. D., BALTIMORE, MD.

Reported to the Maryland State Medical Society.

IN preparing the report on the progress of Obstetrics and Gynecology during the past year, I have endeavored to bring in review some of the most important subjects, and especially those which are likely to have an established practical value. In pursuing this course, I have for want of space, been compelled to leave unnoticed some rare and novel operations, and others which have only a theoretical existence.

UTERINE THERMOMETRY.

As an aid to the diagnosis of pregnancy in the early months, the use of the thermometer has given valuable assistance.

Schroeder has derived the following conclusions from his observations: If it be found that the temperature of the uterus be higher than that of the vagina, that such excess is derived from the warmth produced by the fœtus, that pregnancy having been known to exist, we may infer that death of the fœtus has taken place when we find no difference between the temperatures of the uterus and vagina.

Schlesinger gives as the result of his investigations on this point, that the uterine cavity both pregnant and non-pregnant, possesses a higher temperature than the vagina, but the gravid uterus is of a higher temperature than the

non-gravid, *and the parturient uterus has a higher temperature than the non-parturient.*

I have had an opportunity of making observations with the thermometer within the past year upon six women in the early months of pregnancy. The temperature in the cervical canal was about 1½° higher than in the vagina, and one degree higher in the vagina than in the mouth.

RETAINED PLACENTA AFTER ABORTIONS, MISCARRIAGES AND LABOR.

This subject has, during the past year, received considerable attention in this country and abroad. Valuable papers have been written upon it by Simpson, Loomis, Lusk, Barker and others.

At one of the meetings of the New York Obstetrical Society Dr. J. H. Pooley asked the following question:

In cases of early abortion, if the placenta is retained after expulsion of the fœtus, and there is no hemorrhage, how long is it safe to wait before the removal of the placenta by artificial means?

Dr. Skene said, that so far as his own practice was concerned, he would not wait more than five minutes in cases in which the os was fully dilated. He had always taken care that every portion of the ovum should be removed as quickly as possible, in order to protect the patient from the dangers of septicæmia. When there was complete dilatation, he did not wait for the effect of the ergot, but at once removed the contents of the uterus by means of a loop of soft flexible wire, a flexible curette, and he had never had any occasion to regret such practice. If there were symptoms of hemorrhage, because of imperfect contraction of the uterus, then ergot could be administered with advantage. When the cervix was closed, he could wait only just long enough to dilate it, before removal of the placenta.

Dr. Nœggerath indorsed the views expressed by Dr. Skene. He regarded it as the only safe practice to remove the placenta at once if the cervix was dilated; and if it was not dilated, to immediately produce dilation, so that the placenta could be immediately removed. There were conditions, however, in which it was impossible to strictly follow out these rules. If, for instance, the miscarriage had lasted a couple of days or more, the doctor was called and found that the woman had lost a large quantity of blood; she had been exsanguinated at the

time the fœtus was expelled and was in a state of collapse. Under such circumstances, he would dislike to perform the operation, especially when the cervix was not sufficiently dilated to permit the easy removal of the placenta. Those were the cases probably in which the operation could not be performed, and yet they were precisely the cases in which there was the greatest danger in waiting, for, if the patient was anemic or in a condition of exhaustion, the chances of consecutive septicemia were increased ten-fold.

Under such circumstances the physician could be guided only by common-sense principles which govern the management of individual cases.

We should wait in those cases, however, only such length of time as is absolutely necessary before making an attempt at removal of the placenta. It was only in such cases that delay was indicated.

Dr. T. Gaillard Thomas thought that the question asked by Dr. Pooley was not so easily answered, but that he had asked one of the knottiest question in obstetrics. It was certainly one of the most difficult of questions to answer at the bed side. His feeling was that the time which we could leave the placenta in the uterus with safety could not be estimated. For, as soon as decomposition of the placenta began to take place, septicemia might occur, and, when that morbid process was developed, removal of the placenta would not arrest it.

If the woman is bleeding in consequence of retained placenta, he never invades the cavity of the uterus. His plan is to avail himself of the hydrostatic pressure of the blood by tamponing the vagina after Sims' method, when the blood will percolate between the decidua, rip off the placenta form a large clot, in the uterus, subsequently to be expelled by uterine contraction. If the placenta is not expelled with the clot, the cervix will be so dilated that an instrument can be readily introduced, and the mass removed.

If there is evidence of septicemia, he is in favor of dilating the cervix, so that the placenta can be immediately removed.

When the subject lately came before the New York Academy of Medicine, Dr. Thomas said that he was not only surprised, but a little shocked to find so many men

who were in favor of allowing the placenta, as a rule, in these cases to remain undisturbed.

Dr. Skene further remarked that the sooner the uterus is emptied, the sooner can the physician feel that the woman is safe.

If the cervix is not dilated, which is rather a rare occurrence, and there is no hemorrhage it should be dilated at once, and the placenta removed. If hemorrhage exists, he would tampon the vagina, and, if need be, the cervix. For the rapid and forcible dilatation of the cervix in these cases, Hank's hard rubber dilators are more certain and reliable than any that have come into use.

THE DIAGNOSIS AND TREATMENT OF OBSTETRIC CASES BY EXTERNAL ABDOMINAL EXAMINATION AND MANIPULATION.

Dr. Paul F. Munde has recently contributed a very elaborate article on this subject, which heretofore has been little known and seldom taught in the medical schools in this country, although its value and importance has been fully appreciated by all German Obstetricians. And the practice of this external examination and manipulation is therefore taught in all the German schools, before, and almost in preference to internal examination, on account of the greater readiness with which the women submit to it. In Germany by no physician in private or hospital practice would think of giving a definite opinion on an obstetrical case, either with reference to diagnosis, prognosis, or treatment, without having controlled the results of his exploration per vaginam, by the external palpation, inspection and auscultation of the abdomen. That the position of the child can be ascertained with much greater certainty and often only in this manner, that errors in diagnosis and treatment are much more easily avoided, and particularly abnormal conditions detected with greater facility by external manipulation than by internal examination alone, are facts which no one who has had sufficient opportunity to practice the procedure, will attempt to deny. For the purpose of diagnosis, he distinguishes several practical sub-divisions of the procedure, each of which in a measure controls and supplements the others, and which all together tend to give certainty to the examination. These are: inspection, palpation, percussion and auscultation of the abdomen.

Dr. Ludwig Bandl, of Vienna, has recently pointed out

a phenomenon recognizable by inspection of the abdomen during labor only, which is of considerable practical importance. He found that in those cases where there exists an abnormal obstacle to the expulsion of the child, such as contracted pelvis, malposition of the child, etc., a distinct tranverse furrow appears on the abdomen, about midway between the umbilicus and pubes, just at the junction of the cervix and body of the uterus. This furrow is produced by the wedging in of the cervix into the brim of the pelvis by presenting part, and the concomitant fruitless concentric contractions of the uterine body. It occurs only in abnormal labors, and affords a valuable indication as to the time and necessity for operative interference, for obviously to undue continuation of this condition would very readily result in the production of a rupture of the uterus. Indeed, Bandl first witnessed this sign after such an accident. In normal labors, the presenting part passes into the pelvic cavity and fills out the cervical canal equally, thus preventing the occurrence of a transverse furrow. He has seen this furrow in several cases where there was excessive pelvic obliquity and consequent anteversion of the uterus, a condition simulating in its influence on the progress of labor the minor degree of contracted pelvic.

By palpation, the period of gestation may be made out, the position of the fœtus, the head, the breach, the knees, the feet. Any abnormalities in the shape of the uterus or the presence of sub-peritoneal fibrid tumors, may be detected by palpation. The chief object of palpation, the diagnosis of the presence of a fœtus and its position is seldom possible before the end of the fifth month.

In rupture of the uterus during natural delivery, palpation gives us probably the most positive information.

If the laceration is sufficiently extensive, the fœtus usually escapes into the abdominal cavity, either partly or wholly, and is then felt with much greater distinctness than when still in the uterus, which organ contracts and occupies the side of the abdominal cavity opposite to that containing the fœtus. Dr. Mude remarks, that if it were customary to make these external examination during the last four weeks of pregnancy, many malpresentations could be detected and corrected, many dangers might be averted, and many women forewarned, and the physician

would be enabled to remedy a difficulty, or prepare for an unforseen accident.

"The Porro Modification of the Cæsarean Operation in Continental Europe, chronologically and analytically examined, showing the success of the new method, its advance from Italy to other countries, and its diminishing fatality under a better knowledge of the requisites for securing success, the whole statement being prepared with a view to enable our obstetrical surgeons to decide whether we should introduce this method into the United States."

This subject has been very thoroughly investigated in the above mentioned paper by Dr. Robert P. Harris, of Philadelphia, in the April number of the *American Journal of the Medical Sciences.*

The operation originated, as far as Professor Porro is concerned, in this way: On April 27th, 1875, a dwarf primipara, of four feet nine inches, entered the obstetrical wards of the Hospital of the University of Paris. She was 25 years of age, and had suffered severely with rickets in childhood, by which her pelvis was much deformed. At the end of three weeks, May 21, she was taken in labor, the waters broke with the first pains, and after these had continued in all for six hours and forty minutes, the Cæsarean operation was performed by Professor Porro, and a living female child removed. The uterus contracted, but not sufficiently to close the sinuses in the incised portion, and much blood was escaping, particularly from one edge of the wound.

Without stimulating the organs to contract by the use of the means ordinarily resorted to, or making use of sutures to stop the hemorrhage, the operator at once decided to remove the uterus, which he did with a strong iron wire and serre-nœud, placing the loop around the cervix opposite the inner os, and then tightening it. When all escape of blood ceased, he cut away the uterus by means of curved scissors, passed a long drainage tube through Douglas' cul-de-sac, tying the ends together, brought the cut cervix to the abdominal wound, and finally closed the incision with wire sutures. The woman was taken in labor at 10 A. M., Cæsarean operation began at 4:49 P. M., and lasted 19 minutes, sutures 7 minutes, and dressing 8 minutes. In four days the serre-nœud was removed, in a week all the sutures, and in forty days the

case was complete. After several months an examination showed that the pedicle of the cervix was over an inch long, and that the woman could walk, run and jump, without the production of pain.

Dr. Harris states that as far as he has been enabled to ascertain, there have been forty-one Porro operations performed in Europe. Thirty-six of these he has arranged in a tabular form, (the result of the other five not yet having been published they are omitted). Seventeen of the operations were performed in Italy, ten in Austria, six in France, three in Germany, two in Belgium, two in Russia, one in Switzerland. Total, forty-one.

If we exclude the six who evidently died in consequence of diseased conditions existing prior to the operation, we have thirty cases whose fate rested upon the effect of the knife and the skill in the after-treatment, without any special reference to the length of labor; and of these eighteen, or sixty per cent., recovered. This is the proper way to measure the absolute mortality of the operation in coming to a decision as to its relative merits when contrasted with craniotomy and cephalatripsy. If women are to be operated upon in a semi-moribund state, in order that their children may be saved alive, it is not exactly fair to set down their cases as evidence of the danger of the operation.

Examined in all its details, in different countries, and under different circumstances. Dr. Harris is of the opinion that the Porro Cæsarean operation, performed under the carbolic spray, and followed by proper drainage and the Lister treatment, will be found successful to the woman in about half of all the cases of pelvis deformity requiring its performance that are brought for relief to lying-in hospitals.

THE RESULT TO THE CHILDREN.

Of the thirty-seven children, thirty-three were removed alive from thirty-two women, and four were found dead. In the four cases in which the fœtus was found dead, labor had existed respectively, five days (in two) three and a half days and seven days. In none of the Porro operations was craniotony attempted, hence the remarkable number saved. This is in very decided contrast with the last thirty-six cases of Cæsarean section performed in this

country, in which only seventeen children were removed living, and nineteen dead.

The main objection to the Porro operation is that it entirely unsexes the woman, not only rendering her barren, but in some degree unfeminine. To this it may be answered that rachitic subjects requiring the Cæsarean section for delivery would be in a much safer position for the future, if rendered incapable of any longer begetting children.

ON THE USE JABORANDI AND PILOCARPINE IN PUERPERAL ECLAMPSIA.

During the past year these agents have been used to a considerable extent, and many cases have been reported in which their action was most favorable.

If we turn to the essential anatomical causes of eclampsia, we find two antagonistic theories: the so-called uræmic theory, propounded by Frerichs, and whose chief advocates are Litzman and Hecker; and the theory promulgated by Traube, Munk and Rosenstein, according to which, eclampsia has no connection with diseases of the kidneys, except so far as anæmia and the pre-disposition to eclampsia are increased by albuminuria.

The *condition of the brain*, as revealed at the autopsies of those dying of eclampsia, is, in the first place, that of anæmia with more or less marked œdema, and obliterations of the convolutions; much more rarely, in about one-sixth of the cases, there has been found extensive hyperæmia.

The brain has very rarely, only in two to three per cent. of the cases, appeared to be perfectly healthy. The condition of the kidneys is, on the other hand, almost the opposite, since in 35.7 per cent. these organs have been found healthy, and in only 64–0 per cent. were there detected any decided lesions (Brummerstadt).

The comparative number of sound kidneys is therefore considerable, being more than one-third. The urine in 84 per cent. of the cases contains albumen, which is, however, very often found, not only during normal labors, but also in the urine of lying-in women suffering from no illness. Still, in many cases no albumen can be detected, even immediately before the attack. The presence of albumen in the urine is, therefore, by no means a constant phenomenon of eclampsia.

Winkel states that if we examine the two above-mentioned theories, it will be seen that those who maintain that uremic poisoning is the cause of eclampsia, assert that this affection is produced by the sudden retention in the blood of the products of the renal secretion. It should be born in mind, however, that experiments on animals have shown that injections of filtered wine into the blood did not produce any uremic symptoms whatever, not even after the kidneys had been excised. Indeed, the presence of a large amount of urea has been demonstrated in the blood of patients suffering neither from coma nor convulsions. The above facts, taken in connection with the experiments in which the urea was injected into the blood, would seem to afford sufficient proof of the harmless character of this substance, at least in regard to its influence in producing convulsions.

It is quite certain, therefore, that the theory of Frerichs is not applicable to all cases of eclampsia, and it is very doubtful, whether it can be adopted in any case whatever.

On the other hand, Traube and Munk have demonstrated, that when œdema of the cerebrum is occasioned by an increase in the quantity of serum contained in the blood, and by the tension produced in the arterial system, and is succeeded by anæmia of the brain, coma sets in, and later convulsions ensue as soon as this anæmia extends from the hemispheres to the medulla oblongata.

The existence of two causative agents has thus been established: *anœmia*, and *increased tension of the arterial system* and, two conditions of the brain are shown to be associated with eclampsia, at first the cerebral œdema, and subsequently anæmia, particularly of the medulla oblongata.

It appears, therefore, that the above theories, which attribute the causes of eclampsia to retention of certain constituents of the urine, can neither stand the test of experiments, nor of clinical observation; and quite as much ammonia has been found in the blood of healthy, as of uremic animals; moreover, the kidneys in these cases have been often found to present a perfectly healthy appearance, and it is certain that in many cases no albumen could be discovered in the urine, within a very short time previous to the attacks. Traube's explanation, on the other hand, appears to be fully verified by careful experiments; when, for instance, a ligature was

applied to both ureters of a dog, and subsequently to a jugular vein, and water injected into the carotid artery, the animal at once fell into a comatose condition, accompanied by convulsions, and very severe spasms of the most varied character. The autopsy disclosed anæmia and œdema of the brain. Test experiments have also demonstrated that when one of these conditions was absent, the convulsions did not take place.

We have at our command two classes of remedies for relieving the increased pressure on the arterial system—the true cause of eclampsia—namely: general blood-letting and a vigorous stimulation of the intestinal, urinary and perspiratory secretions by drastics, diuretics and diaphoretics. By Stille and Maish Joborandi and its active principle pilo-carpine is stated "to be the only direct and essential diaphoretic of the materia medica. And in conjunction with chloroform and morphia as a cerebral sedative, is believed to be one of the most important remedies we have in the treatment of puerperal eclampsia.

ON THE USE OF THE FORCEPS AND ITS ALTERNATIVES IN LINGERING LABOR.

The address by Dr. Barnes, delivered before the Obstetrical Society of London, and the discussion of it by eminent men from all parts of England, Ireland and Scotland, who were present, shows the importance of the subject, and the deep interest that is felt in it.

Dr. Barnes excludes from his paper the consideration:

1. Of those cases in which acceleration of labor is indicated by convulsions, by hemorrhage, and by other complications, as syncope, dyspnœa and apoplexy.

2. Of these cases in which the child is in danger from prolapse of the unbilical cord, or other causes independent of protracted labor.

This limits the discussion to the free resort of the forceps, or to its alternatives; these alternatives being understood to comprise—1st, simple inaction or expectancy; 2d, ergot or other oxytocics; 3d, the fillet or lever; 4th, compression of the uterus, or other manœuvres not instrumental.

In defining the condition which demands or justifies interference, he quotes the rules laid down by Collins, Ramsbotham, and George Johnson, which, if strictly

analyzed and compared, will be found almost identical, although representing three distinct epochs and schools of practice. For, we find that Collins used the forceps or lever once in 607 cases; Ramsbotham once in 671 cases; Johnson once in every 10½ cases.

When the head is arrested in the pelvis, Dr. Harnes prefers the forceps to ergot for the following reasons:

1. Because the researches of Hardy and McClintock at the Rotunda Hospital, which have been abundantly confirmed by others, have shown that unless the child was born within a short time after the action of ergot, it was likely to be born dead. 2. Because the action of ergot on the uterus is uncertain, you give ergot, and the desired result may ensue or it may not, in which case you have to fear all the danger of lingering labor, rupture of the uterus, injury to the soft parts, and the death of the child. 3. Because in a large proportion of the cases the arrest of the head in the pelvis is due to malposition of the head, in these cases the driving force is wasted, it is utterly unscientific, even dangerous to goad it by ergot. The forceps are the true and effective help. In lingering labor the necessity for the forceps above the superior straight he believes can not be frequent, and its justification must rest upon its utility and safety. He believes the operation is not without danger even in skillful hands.

A careful study of the Annals of Obstetric Practice justifies the conclusion that neglect of the forceps entails abuse of craniotomy.

Collins' Cases of Craniotomy were	1 in 211.
" " Forceps,	1 in 607.
Ramsbotham on Craniotomy,	1 in 802.
" " Forceps,	1 in 670.
Johnson on Craniotomy,	1 in 282.
" " Forceps,	1 in 10½.

While Dr. Robert Lee performed craniotomy 186 times and used the forceps only fifty-three times. No one can peruse the histories of his cases without the painful conviction that in many instances the long forceps might, with advantage to the mother as well as the child, have taken the place of craniotomy. Taken in a scientific point of view, craniotomy should never be the alternative for the forceps. The dominion of this sacrificial operation is totally distinct from that of the conservative operation of the forceps.

Dr. Barnes states that there is a "scientific frontier" against craniotomy. We may never acquire it absolutely. But it exists potentially, and it is our duty to strive after it by constantly advancing the outposts of the forceps and of turning.

In concluding his address, Dr. Barnes makes the following summary:

1. In lingering labor, when the head is in the pelvic cavity, the forceps is better than its alternatives.

2. In lingering labor, when the head is engaged in the pelvic brim, and it is known that the pelvis is well formed, the forceps is better than its alternatives.

3. In lingering labor, when the head is resting on the pelvic brim, the liquor amnii discharged, and it is known, either by exploring with the hand or other means, that there is no disproportion, or only a slight degree of disproportion, even although the cervix is not fully dilated, the forceps will be better than its alternatives.

4. In proportion, as the head is arrested high in the pelvis, in the brim, or above the brim, the necessity, the utility and safety of the forceps becomes less frequent.

5. As a corollery from the preceding proposition, increasing caution in determining on the use of the forceps, and greater skill in carrying out the operation are called for.

EMMET'S OPERATION FOR LACERATION OF THE CERVIX UTERI, OR HYSTERO-TRACHELORRHAPHY.

This operation, which is generally followed by such favorable results, and is, comparatively speaking, devoid of danger, is, no doubt, one of the most important in gynecology.

Several able papers have been written upon it during the year, the most prominent of which were by Dr. Goodell and Dr. Munde. In reply to those who still think that the operation is performed unnecessarily, and that the actual cautery, strong caustics, nitrate of silver, nitric and chromic acid, and perhaps in due time milder astringents, such as tannin and iodoform, etc., may finally glaze over the ulcerated surface and cure the endocervicitis, which they admit would only be temporary, and in a few weeks the ulceration would be as bad as before:—in reply to these Dr. Munde very pertinently asks—what is the advantage of subjecting patients to a treatment extending

over weeks and months, and confinement to the recumbent posture for two or three weeks, enlivening the monotomy of this course by the occasional application of the actual cautery, when all this can be obtained (the wound closed, the cervix restored to its normal shape, and the uterus certainly diminished *somewhat* in size) after less than two weeks' confinement in bed by an almost entirely safe, simple and comparatively painless operation?

Dr. Munde has had a series of colored plates of the various forms and degrees of laceration and ectropion of the cervix uteri prepared from nature. The cases of laceration were chosen to show, as nearly as practicable, without exaggeration, the typical varieties of the lesion designed to be discussed; and also one diagram of simple erosion of the cervix was added to illustrate the difference in appearance between the two affections.

DILATATION OF THE FEMALE URETHRA FOR DIAGNOSTIC PURPOSES: AND AS A CURATIVE PROCESS: WITH THE REPORT OF SEVEN CASES.

Although dilatation of urethra was performed as far back as 1502 by Benivienni, and 1506 by Marcus Sanctus, it has only been within the last few years, and chiefly through the influence of Gustav Simon, and the improved means employed by him, that the attention of the profession has been drawn to this subject.

In this country Drs. Nœggerath and Skene have also contributed largely to our knowledge in this direction. And to Dr. Skene belongs the credit of having written the first systematic work on Diseases of the Bladder and Urethra in Women.

The first case upon which I performed forcible dilation of the urethra was for diagnostic purposes, on September 4, 1874. The history of the case was this: Mrs. M., living in Baltimore County, about thirty-five years of age, passed bloody urine for more than a year, the blood increased in amount until in some specimens one-half was blood. At times she had violent attacks of pain on the right side in the direction of the ureter and colic, which was often so severe as to terminate in almost complete collapse.

During these attacks her urine would become clear and limpid, and was passed in larger quantities than usual. After using such treatment as I thought might palliate

her sufferings, and failing to benefit her, I spoke to several of my medical friends in regard to her case, and tried from time to time such remedies as they recommended without any improvement in her condition. On September 4, 1874, I put her under chloroform, and dilated the urethra until my index finger could pass in easily, the upper portion of the bladder was rough and corrugated, more particularly on the right side, and in the situation of the right ureter—the bladder was considerably enlarged. A severe hemorrhage of the bladder came on as the result of my prolonged exploration, which caused me to desist from any further examination at the time. The hemorrhage ceased in about half an hour, and I left her. In the evening a very profuse hemorrhage came and continued at intervals; during the night she passed substance that her sister described as similar to hydatids, or as she said, the skin of grapes. No further examination of the bladder was made, as the bloody urine gradually became less, and she had no more attack of the pain. My explanation of the case was that the hemorrhagic urine was caused by the presence of the hydatids in the right kidney, which at times blocked up the right ureter, and caused the attacks of kidney colic, and thus explained also why it was that during these attacks of pain the urine was always clear and limpid, for then the blood was shut off from the right kidney and only the urine from the healthy left kidney entered the bladder.

Case 2. June 17, 1878. Mrs. T., aged about 40, had been suffering for several weeks with pain, tenesmus, and frequent urination; micturition was followed by a desire to strain, as if the organ had not been fully emptied. As she was boarding, she had at my suggestion taken a room at St. Vincent's Hospital, where I was to attend her. Before she could be removed, however, her symptoms became so urgent, that I concluded to dilate the urethra and examine the bladder before she was removed, and afterward treat her at the hospital.

On June 27, 1878, under the influence of chloroform, I examined the urethra with a urethral speculum, and found a fissure running along the floor and toward one side, extending back to the junction of the urethra and bladder, the bladder itself was thickened, indurated and contracted. I dilated the urethra with an ordinary urine dilator, sufficiently to allow the entrance of the index finger, which

was carefully passed into the bladder, which was found, as stated above, thickened, indurated and contracted. As the patient had engaged her room at the hospital, she was accordingly removed there in a few days and remained a month, but as she was entirely relieved, no further examination or local treatment was made.

Case 3. December 28, 1878. Mrs. Blank consulted me in regard to a burning pain in the urethra, tenesmus and inability to hold her water. Upon examination two small caruncular growths were found upon the floor of the urethra; the urethra was dilated without an anæsthetic, and nothing abnormal could be detected by digital examination of the bladder. The caruncles were removed with a curette, a little soreness was complained of for a few days, but with the exception of this she was completely cured.

Case 4. Mrs. E., aged 66, was seen at the Baltimore Special Dispensary, Department of Diseases of Women. On April 29, 1879. She had suffered for many years with pain and difficulty in urinating, tenesmus and inability to retain her urine, which dribbled away and kept her saturated with a strong ammonical odor, so offensive had this become that she was a nuisance to herself, and unpleasant to every one who came near her, she had been compelled to relinquish several good homes, where she had been employed as house-keeper and seamstress, on account of this offensive odor.

Upon examination the vulva and parts around were found to be excoriated and tender from the constant irritation of the urine. A large urethral caruncle filled the meatus. With Dr. Kierle's assistance this was removed, and no further examination was made at the time; in a few days she returned again, and although she felt better, she was not entirely relieved. Upon carefully examining the urethra a deep fissure was observed running backward from the former caruncular attachment, the urethra was now dilated and the bladder examined. It had become distended from paralysis of its muscular walls, and the mucous membrane was soft and pultaceous.

After the fissure had been relieved by the dilation, she was enabled to hold her water with comfort, the excoriations soon healed up, and a few weeks afterward she returned to report herself completely cured.

Case 5. Mrs. S., September 23, 1879, came to the Balti-

more Special Dispensary, Department of Diseases of Women. She complained of inability to hold her water, tenesmus and burning, scalding pain in urinating. The urethra was dilated, but no diseased condition could be discovered either in the urethra or bladder, she was somewhat relieved, but not cured, her bladder trouble seemed to be reflex, and was probably caused by a lacerated cervix and cellulitis, as she did not consent to an operation for this primary trouble, she was only slightly benefited.

Case 6. Mrs. S. was first seen in June, 1879. She had suffered frequently within the last ten years with attacks of pain in the urethra and bladder, tenesmus frequent micturition, etc. As she was suffering at the time from the effects of malaria, she was put upon quinine and other medical treatment until 6th of August. As she had improved somewhat by this time, she consented to a urethral examination, a fissure was found in the urethra, and a smaller vascular growth about midway of the urethra. After dilatation the growth was removed with the curette, and she was entirely relieved.

Case 7. Mrs. H., aged 25, married February 7, 1880. Had been suffering for several days with painful and frequent micturition, tenesmus, etc. Upon examining her with a urethral speculum, the floor of the urethra was seen to be studded over with small warty growths. After the urethra was dilated the bladder was examined, but no diseased condition could be discovered. The small growths were removed from the urethra with a curette, since that time she has had no further trouble. The objections that had been urged against dilatation of the urethra are: rupture and incontinence, and incontinences without rupture are liable to result. In these seven and two other cases performed for the extraction of foreign bodies, I have not seen any indication that incontinences would result. When compared with results and dangers from using caustic applications in the urethra, it has everything in its favor. Of course it is always well to get the patient's general health in good condition, and to use urino-genital evacuants for a few days previous to and subsequent to the operation.

Purulent Inflammation of the Middle Ear and Mastoid Cells.

BY W. R. AMICK, M. D., CINCINNATI, O.

In the December number of the NEWS, we discussed the question: Can a physician recommend a person with a perforated membrana tympani to a Life Insurance Company? In that article we did not refer to any of the causes that produce a perforation in the drum-head, but simply took it for granted, that, in a given case, there was a perforation. In the present article we propose to refer to some of the causes, and give the history of a case.

As we gave an outline of the anatomy of the middle ear in the former article, it will be unnecessary in the present one.

One of the most common causes of middle-ear diseases arises from the inflammation of the mucous membrane of the throat and nose. Inflammation of those organs may be caused by exposure to cold, either from the atmosphere or by getting wet. It may be produced by any acrid or irritating substance, or by trauma. Scarlatina, measles, small-pox, diphtheria, are prolific sources for inflammation of these parts. After the mucous membrane of either the throat or nose have become inflamed, then it may pass to the cavity of the tympanum by extending or following along the mucous lining of the eustachian tube. As the pharyngeal opening of this tube is in the posterior portion of the nasal cavity, and near the pharynx, it is very easy for an inflammation of the latter to extend to the orifice and enter the tube. After the mucous membrane of the tube has once become inflamed, it may then continue to extend until it enters the tympanic cavity, even after the pharyngeal or nasal congestion has passed away. After the lining membrane of the tube has become congested, it then, to a certain extent at least, furnishes the irritation in its own canal, which has a tendency to continue and extend the disease. This irritation is caused by the inflamed membrane lying in contact. This swollen and congested condition of the mucous membrane of the tube sometimes effectually closes up the canal, thus preventing the proper ventilation of the tympanum, or the escape of any fluid by this channel that may be confined there, and impairing the

hearing. After the inflammation has entered the cavity, it attacks all of the structures by continuation as they are lined with mucous membrane. If very severe, it may extend to the periosteum, and to the bone itself. The drum-head not only becomes congested, but its power of resistance is lessened.

An inflammation of any mucous membrane causes a secretion of fluid which, at first is mucous, then, if the action is sufficient, becomes muco-purulent and finally purulent. In inflammation of the middle ear, we have the cavity filled with fluid, and if the tube is closed and the secretion continues, there will be a rupture of the membrana tympani from the pressure of the fluid against it. Previous to, or after the rupture of the drum-head, the disease may extend to the mastoid cells. It must not be supposed that the membrana tympani is ruptured in all cases of inflammation of the tympanum, or that the mastoid cells are implicated in the majority of cases, for such supposition would not be true. When the inflammation does extend to the mastoid cells, producing great congestion and severe pain in and around the mastoid bone, then there is a liability of the disease extending to the brain.

We occasionally meet with cases in which the perforation is not due to any inflammatory action or irritation in the cavity of the tympanum or external canal, but from a want of vitality in the membrana tympani itself. This occurs in anæmic cases, especially those who are of a strumous diathesis. In one case which came under our observation, the trouble began in the dermoid layer of the drum-head, in the superior and posterior quadrant. At first there was noticed a slight redness, which was confined chiefly to this quadrant. Two days later an ulcer made its appearance at this point, about one drop of pus forming in twenty-four hours. This action continued, and in five or six days there was a complete perforation about the size of a large pin head. The various astringent local applications that were used, did not have any effect toward retarding the progress of the ulcer. The surrounding parts did not participate in, or become affected by this breaking down of the tympanic membrane. After the perforation took place, there did not appear to be any congestion or undue amount of secretion in the tympanum. There was no pain caused by the ulcer.

Air passed through the tube and opening freely. Inflation, however, produced such intense vertigo that it had to be discontinued. The right tympanic membrane was also perforated, and had been for some time. The inflammatory action in this ear was not very marked, but very obstinate to treatment. The preparations of arsenic were the most beneficial in this case, together with the chalybeates.

Henry Tenkmann, aged forty-five, German, is a slender-built man of medium height. Never had any aural trouble previous to the present attack. About the first of last October caught cold and had a sensation of constriction or tightness across the chest, with pain, cough and pharyngeal irritation and congestion. On the fourth of the same month he felt a sharp pain dart suddenly through his left ear, which was followed by a peculiar sensation in the head. This was the commencement of the aural trouble which followed, and the first time he had felt anything unusual in connection with his ear. The pain continued for four or five days when a discharge took place. Contrary to the rule, the pain was not lessened by the rupture of the membrana tympani. As the discharge increased in quantity, and the pain began to extend into the mastoid bone and up over the side of the head, he became alarmed and presented himself for treatment on the twenty-second of the month.

On examination found a large quantity of pus in the external auditory canal. After this had been removed, the integumentary lining of the canal was seen to be congested and thickened, the posterior portion more than the anterior. There was no tympanic membrane to be seen, but occupying its place and entirely filling up the internal portion of the canal, was a fungus growth. Complains of severe lancinating pain extending upward over the side of the head. Some pain in mastoid region, but not very severe. Some tenderness on pressure. Integument slightly reddened, with some infiltration of tissues just behind the auricle. Pain would occasionally shoot forward to the eye. On testing, H=0.

The fungus growth was removed with chromic acid, when it was found that the origin was from the inner wall of the tympanum, superior and central portion, as seen through the speculum. The canal was cleansed several times a day by syringing with tepid, and an astring-

ent solution was used containing sulphate of morphia and boracic acid. The pain increased so that morphia had to be used internally every two or three hours. At first the narcotic was given in one-fourth grain doses, but soon had to be increased to one-third and then one-half with aconite. The discharge continued to increase, and the pain became almost unbearable, extending down the sterno cleido mastoid muscle to the sternum and all over the side of the face and head. The pain was the most intense just posterior to the left parietal eminence. Sometimes it would dart from the ear to this point, and then again it seemed to be centered there. Leeches were ordered applied over the mastoid bone. This had a palliative effect for a day or two. Dry heat applied to the head gave the most relief, especially when applied over the parietal region. Warm applications, either humid or dry, applied to the ear and mastoid would not alleviate the pain. On the first of November he had an attack of vertigo, so that he could not sit up in bed without producing the most agonizing pain. During all this time, in fact through the entire course of the disease, he never had any special or marked tenderness on pressure over the mastoid, yet the integuments and sturdiness beneath were considerably thickened, with but little redness of the skin. Leeches were again applied both to the mastoids and tragus, with little or no relief to the pain in the parietal region. Up to the fifth of November there had been no improvement, but on the contrary he was in a critical condition. He had a haggard and depressed look, eyes suffused, cheeks flushed and sunken, alæ of nose compressed, pulse 120 weak and excitable. In fact, he had considerable of the "decomposed expression," spoken of by the French. He presented the hippocratic countenance of typhoid fever and appeared to be very close to the moribund state. We suggested trephining the mastoid as we had done on several previous occasions, but the preference always was to wait until the next day, and see if he would not be better. Thus it had been deferred from day to day. Under the use of stimulants his condition improved, and the next day spoke of a decayed wisdom-tooth in the left superior maxillary that had been giving him considerable trouble. This was removed, leeches again applied to the mastoid, followed by warm fomentations and then a cantharidal blister. Fol-

lowing this, there was some improvement. When the vertigo became so pronounced and the pain in parietal region so severe, together with the generally depressed condition, the discharge, which up to this time had been free, ceased entirely, and we expected meningitis to shortly put an end to his suffering. After the removal of the decayed tooth, and the application of the leeches, fomentations and the blister, the discharge again made its appearance. As the discharge increased in quantity there was noticed an improvement in his condition. The pain was less constant, became remittent with violent excerbations. During these spasm of pain, which still centered in the parietal region, he experienced the most relief by heating a block of wood and applying it to the parietal bone. These periodical attacks continued, gradually getting weaker and weaker until the first of December, when they finally ceased altogether. During these attacks, we gave him quinine in connection with the other treatment.

From this date there was a gradual improvement. The fungous growth was entirely removed, and the anterior portion of the tympanum became less congested. The posterior portion was congested and thickened, this condition extending half way to the external meatus along the posterior wall of the canal. In the posterior portion of the tympanum there were prominent granulations or ridges, and in the depressions between them pus could be seen, presenting the appearance as if it came from the mastoid cells, and from the surroundings, I am satisfied that that view is correct. The tube was patulous, and the air passed through it freely by using Politzer's method of inflation.

On December 5, a diarrhœa set in, which weakened him very much. This was relieved in a few days with opium, bismuth and vini rub. vill. On the 20th of the same month, he had pain with a throbbing sensation in the perineum. It was evident that an abscess was forming. This confined him to his bed again. The pain was so great that full doses of morphia and hot formentations did not give any relief until after it was opened. Quite a large quantity of pus escaped, and relief was speedy.

December 27. Does not have any pain in the ear, and the discharge has entirely ceased. The only unpleasant sensation is what he calls a "zook, zook," in the ear, which

is from the circulation. Hearing, as tested to-day, is as follows: Heard the watch one-half of an inch from the left auricle, and only eight inches from right. Conditions for testing were unfavorable. Voice in low tone heard distinctly with left ear. The ticking of the clock heard plainly across the room, and all ordinary tones received correctly.

This has been a peculiar case. The course of the disease at first would lead us to infer that we had meningeal trouble, notably the intense pain in the left side of the head. Later we had a class of symptoms that would indicate a typhoid condition, viz.: the pinched features, sunken cheeks, and rapid and weak pulse. Still later, we have a diarrhœa, which might properly be called another typhoid symptom. Yet still later, we have what might be called a pyæmic condition, with the formation of an abscess in the perineum.

At first we had symptoms of neningeal trouble. In what manner, or by what process, was it devoloped? It could not be that the inflammation extended from the tympanum through the aquæductus falopii along the sheath of the facial nerve, else we would have had present either facial paralysis or tic douloureux. It is true we had symptoms of the latter, but when the pain was most severe it was localized, and did not correspond with the distribution of the nerve. If the bony septum between the tympanum and the meninges had become necrosed, we would have had some symptoms from the character and odor of the discharge. If the septum between the middle and internal ear had been implicated, we would not expect the hearing power to return so quickly. The vertigo might indicate that the function of the semi-circular canals had been disturbed, but it also might arise from the interference of the cerebral circulation from the meningeal trouble. In the same manner we may exclude the auditory nerve. By differentiation, I think we can say that the disease was not transmitted through the labyrinth, or direct from the cavity of the tympanum. From the anatomy of the mastoid cells, and the localized position of the pain, I think we can safely say that the disease was transmitted through the mastoid foramen to the lateral sinus.

I have no doubt but that in this case the disease traveled along the sheath of the mastoid vein to the lateral sinus, in the shape of a phlebitis, and that we had localized in-

flammation of the latter around the mouth of the former. This view will give us an explanation of the localized pain. From this point was obtained the septic material which caused the typhoid symptoms, which developed the diarrhœa, and finally the metastatic abscess in the perineum.

It is well known by surgeons that in cases of injury of the skull, there is danger of phlebitis of the veins of the diploe. There is no doubt but that in cases of purulent inflammation of the middle ear, the disease may extend to the meninges in this manner, and develop pyæmia, etc. The position of these veins is favorable in cases of inflammation of the periosteum or caries of the bone, for the formation of thrombi, which may extend to the sinews, and be carried away by the circulation and lodged in some remote organ, where they will produce irritation and inflammation, ending it metastatic abscess.

The absence of the signs of caries of the cells, or of asteo-phlebitis in the mastoid, together with what has already been said, has led me to infer that the mastoid foramen has been the channel through which the disease was transmitted in this case.

Corporal Punishment in the Public Schools.

BY T. L. WRIGHT, M. D., BELLEFONTAINE, O.

It is in the experience of every one, when some great trial of fortitude is to be undergone, as, when for the first time, one is to appear before a grave board of critics, or before a large public audience, how the familiar lesson completely vanishes from memory; the mouth is parched; the articulation fails; the muscular system at large becomes affected, and the knees tremble and knock together from sheer inability to stand erect.

This condition of intellectual and bodily INHIBITION takes place in an immense number of nervous children, when, for the first time, they are drawn up on some grave charge, and stand in the presence of the school teacher with whip in hand. What is the physiological condition of a boy so situated? He can not explain. He can not defend himself. He can scarcely breathe for gasping, and his heart surely tries to leap from his bosom. He, also, is in a

neurotic state. His faculties are bound and powerless, in consequence of the tremendous strain on his nervous system, so that they refuse to obey his will; in fact, his will itself is paralyzed. In other words, his faculties are in a state known to science as inhibition.

This is a neurotic condition common to many persons suffering from mental infirmity. The lunatic who carried off another man's property, believing it to be his own, did so because those faculties or nerve centers, which ordinarily govern the conduct and discriminate as regards right and wrong, was in a state of inhibition, and could render him no assistance. So he honestly, though insanely, claimed the property as his own. So, also, the kleptomaniac, not recognized by some, intent upon seizing property belonging to another, is in a state of inhibition, as regards certain faculties active in a healthy mind, which reveal the proper relation of subjects. In what is called cerebral trance, there is also inhibition respecting the usual perception of the proper relations and even existence of things, and by the simple force of habit alone, the defective mind pursues, for a short period and within narrow limits, a course which appears normal and healthy, but of which it has no continued consciousness or subsequent recollection.

These neurotic states, including the condition of inhibition brought upon the child by the force of unusual and severe punishment threatened by the hands of a stranger, have a near relationship with epilepsy, with hysteria, with somnambulism, and with insanity in all its forms. It is needless to suggest that anything calculated to produce such a state of the nerves is exceedingly dangerous to the future welfare of the child. A neurotic state once produced is much more easily produced subsequently than it was the first time. The readiness of the nervous system to contract *habits* is too well known, and the examples of it are too familiar, to need illustration.

Why is the corporal punishment by a school teacher so much more dreadful than that by a parent? There are many replies pertinent to this inquiry. Suffice it to mention one or two of them. In the first place, it is of unknown violence and duration, and all threatened calamities of such character produce profound impressions upon the imagination. They bring about feelings of the greatest dread and horror. The teacher has no knowledge of the

inner workings of the heart of the child, such as a parent must have. The child well knows that the teacher can not measure the impending infliction according to his nature and character, as a parent could and would. Above all, there is no feeling excited in the teacher when called upon, by a sense of duty, to inflict punishment upon a child for wrong doing, and the child instinctively knows that there is no mercy, pleading for him, in the heart of the teacher.

How different in the case of the parent. The mother feels every blow more keenly than if weightier ones were inflicted on herself, and her own pain not only tempers the punishment of the child, but it wrings from her heart and lips words of admonition, instruction and endearment, that touch the heart and enlighten the understanding of the little fellow. There is no possibility that any person other than a mother can affect such results. Impartiality in the application of the law is a wrong to the child; partiality, such as a parent alone can understand in favor of the weakness of the little culprit, is always best; for the active living faculties of his moral and intellectual nature are, some of them, only beginning to unfold, and others of them are as yet entirely latent.

And here it may be noted, that the wise man, when he declared that "the rod and reproof give wisdom," did not fail to add, that a child left to himself "bringeth his *mother* to shame;" indicating that when the punishment is inflicted, no one is so well calculated to administer it as the mother.

The first objection, then, to corporal punishment in the public schools is, that it has a tendency to inaugurate a nervous habit, which, in its nature, may lead to epilepsy, somnambulism, and insanity, in some degree more or less marked. As respects the gravity and importance of this objection, if well founded, it is needless to insist. Nothing can be more weighty or decisive.

A second objection to corporal punishment in the public schools, is in some of its features. All the proper elements of *child punishment* are eliminated from it. The executioner is, to say the least of it, *impartial*. It is not the hand of a close friend and relative that smites. The child is made to feel that he is enduring punishment for *crime;* crime in its worst signification; crime involving a vicious motive, and hence presuming mature knowl-

edge, mature judgment, and enlightened morality; involving in fact, a presumption of responsibility which can be possible only to a person having a body and mind, not growing, but grown—finished.

The child without exactly knowing why, is conscious of occupying a false position and a degrading one; not by a voluntary conscious act of his own, but by the force of torture and brute strength and cruelty. He chafes in his mind at the indignity, but the iron is thrust into his soul, and he is *compelled* to assume that he is guilty of that first criminal offense, without which a second one would be impossible; and the idea of crime, of broken law, and punishment, and disgrace, are brought home to his own person and made familiar to him. He becomes hardened from this cruel and unjust process, and real crime is rendered less hateful to his mind, and more possible to his conduct, than ever before.

The immature and unreflecting feelings of the child, which have prompted him to violate rules, and overstep limits, not possessing to his mind any great intrinsic properties, good or bad—under the supervision of a parent would be directed in the paths of instruction and increased knowledge—are here treated upon the principle that arson, or theft, or murder are treated in full grown men.

It is not necessary to follow the thousand suggested ideas growing out of these central facts. Nor is it necessary in this connection to deal with the case of those unhappy children who may be, by nature, incorrigable; made so perhaps, by the infliction of wrongs upon remote ancestors in times long gone by. Such questions come up farther along. The question now is, are these objections valid? If so, the conclusion is plain, that the welfare of the child in this world and the next, and the well-being of society and of the nation are involved in them. If they are only partly tenable, they merit serious consideration and sober conclusions.

Selections.

Mr. Gordon's Paper.

Concluded.

And thus, by proper regard for the laws of heredity, by the inculcation of healthy habits in the young, by judicious and careful education, by the eradication of vicious habits, and by a common avoidance of all sensual and sensuous excesses, the human race may continue its progress until complete harmony is produced in every part.

But while the measure or log of this potency is incalculable, the *presence* of it must be recognized in all efforts to mend the world.

Let us honestly face the fact; indeed, we *must*, for it meets us at every turn and bars our way. The fact is

HEREDITY

Heredity is not an opinion, but a *law*, by which all life tends to repeat itself, and by which man tends to repeat himself in his descendents.

We have tacitly admitted, that this repetition occurs in physical features. We say the child has its mother's eyes or its father's nose. We even admit the grandfather or mother into this portrait gallery.

Hereditary influence has also been extended into the realm of temperaments. We say, "There is the family temper, the family gentleness, the family caution."

But if we face the facts more squarely, we shall have to thrust back our vision of the law of descent until we take in the ground work of the sentiments and passions. Organic sensibility, cœnœsthesis, the "inner touch," is hereditary, and it lies very near the seat of impulse, both to activity and to sluggishness, both to virtue and to crime.

The granitic steps of fact that lead to this grave statement are the common places of exact science. They land us in the undeniable truth, that "physiological heredity involves psychological heredity." That is to say, that the *character* of a man, his activities, his impulses, his tendencies, his capacities, depend largely upon that physical nature he brought with him into the world.

We readily admit that morbid *physiological* heredity is a fact. We do not deny the inherited anomalies of physical structure.

We admit, also, morbid psychological heredity. Extreme forms of insanity are too commonly seen in continuous generation to admit of doubt as to their strictly hereditary character. But it is none the less a fact that *common* psychological traits are also transmitted with a certainty and a regularity that is appalling, both to mind and heart.

Two arguments present themselves. One is, that the skulls of the morally inferior races present inferiority of structure. The other is, that loss of mind in our own race, occasioned by lesion or decay of the nervous system, is followed by a loss of *moral feeling*. From such arguments we may at least surmise that the lack of moral sense, and the failure of moral action we find in criminals and paupers, is due very often either to an arrested growth of brain, or to a physical degeneration of the nervous system.

To use the strong language of Maudsley, "Multitudes come into existence weighed with a destiny against which they have neither the will nor the power to contend. They groan under the worst of all tyrannies—the tyranny of a bad organization."

The stupor of pauperism, the callousness of abject want, the stolidity of crime, can not be accounted for by any natural depravity in human nature, but rather by a natural *inability* often there. For, considering the pre-natal circumstances of many paupers and criminals, "So help them God, they could have done no other."

There is among criminals a well-marked and *incurable* class. The members of this class bear those physical and mental characteristics which are quickly recognizable by prison *surgeons*.

There is also among the insane an equally distinct incurable class. And the physical and mental characteristics are similarly familiar to the physicians of asylums.

And, further, there is among the pauperized poor an incurable pauper class, the physical and mental characteristics of which are beginning to be known to those practiced persons who have them in charge.

Two things, then, are known, viz.: (1) These classes are composed of not only chronic, but *incurable* cases, and (2) the mental and physical marks are largely recognizable by trained minds.

One more giant fact is slowly obtruding itself into view,

viz.: That all the classes of that physical degeneration which results in moral disease, in hereditary crime, pauperism and imbecility, are referable to a single classification, that of the "neurosis," or a morbid condition of the nervous system.

This simple classification of hereditary causes, under a morbid condition of the nervous system, is not only interesting from its simplicity, but it is deeply interesting from the revelation it contains, that insanity, crime, pauperism and imbecility, in their hereditary passage from generation to generation, are *mutually interchangeable.*

Weird, but wonderful, are the transformations of the neurosis.

Insanity, crime, pauperism and sluggishness touch hands in the fact of birth. From drunkenness may come forth insanity; from insanity, disease, as of scrofula or epilepsy; from scrofula, whimsical and irritable, or sluggish and unable temperaments.

Some of the ancients saw this great affair of parentage. "Bless not thyself only that thou wert born in Athens," says the author of the Religio-Medici: "But among the multiplied acknowledgements, lift up one hand to heaven, that thou wert born of honest parents, that modesty, humility and veracity lay in the same egg, and came into the world with thee. From such foundations thou mayst be happy in a virtuous precocity, and make an early and long walk in goodness, and resist vice by the antidote of thy temperament."

"Poor but honest parents!" There is more in this than a *saying;* the philosophy of life may be wrapped up in its homely words.

Those of you who have gone with me so far, will go yet further, and see the force of *that necessary disappointment* which will follow all attempts to mend the world. If the effect of a deep criminal propensity is often to produce a person who is morally *insane*, and INCURABLY SO; if the effect of a deep physical degeneration is to produce a person who is thoroughly INEFFICIENT, or INCURABLY SO; criminal and pauper, to the finger's ends, and to the life's end, too; and if one-half of gross and palpable crime and pauperism is the result of hereditary causes, beyond our immediate control—if, I say, these things are true, then a vast disappointment is in store for all those who set themselves the task of amelioration.

"The primal duties" embodied in that law of Christ, so hard to keep, yet so musical to hear, are still left to us when the worst truth of the law of hereditary is known in all its nakedness. For alongside of the law by which nature ever seeks to imitate and to repeat, there is another law which is called the law of spontaneity, by which nature ever invents and creates. And we are as certain of the action of this law as we are of that of the other. And this law has a wider range in the realm in which the philanthropist is employed.

For, as I said, the morbid varieties of vice belong rather to the physician and the keeper, but vice and sorrow, which are amenable to remedies, are yours to reach and penetrate with the leaven of virtue and of religion.

We may avoid much disappointment in our benevolence, if we prepare our minds for the certainly of (1) an incurable vice and wretchedness, for which neither we, nor God, nor Christ can do anything, speaking humanly, than for incurable insanity.

Save for a miracle, which we have no reason to expect, "If the jerkin be rumpled, the lining of the jerkin will be rumpled also; that is, if the body be incurably diseased in a certain way, the moral character will be also incurably ruined. And (2) we may prepare our minds for the inevitable disappointment of zealots. There is no "Morrison's Pill," no heal-all for the vices and woes of society, and those who take it will fail, and those who give it will turn disappointed away.

And (3) we should expect that social reforms will move slowly, too slowly almost to be seen to move at all. This is the divine way, and we ought not expect to *mend* any faster than nature makes. And rather, if we could see reform, as but a moment of a general evolution, moving slowly to its goal with a certainty, but also with the *deliberation* of nature.

These disappointments seen, they will cease to disappoint, as they will take their place among *ascertained* things, over which the mind will triumph.

These disappointments seen and thus appreciated, the path of the benevolent and enlightened man is "as the shining light, which shineth more and more unto the perfect day."

On the Virus of the Simple Venereal Ulcer (Chancroid).

BY F. R. STURGIS, M. D.

A Clinical Lecture delivered at Charity Hospital, B. I.

GENTLEMEN:—The subject upon which I propose to lecture to-day will be the *Virus of the Simple Venereal Ulcer, or Chancroid.* Before going into the subject in detail, let me refresh your minds by running over what are usually supposed to be the characteristics of this lesion. The principal one is its capacity for being inoculated, either upon the bearer of the lesion or upon a sound person, producing in such cases a lesion identical in all respects with the one from which the inoculated matter was derived, this in its turn being capable of propagation through several generations. Another is its destructive action, which causes evident loss of tissue, and which is followed, after healing, by a scar. A third is the absence of what is known as a period of incubation, the erosive action taking place almost immediately upon the introduction of the virus upon the skin or mucous membrane. These are the points which heretofore have been considered peculiar to the chancroid, and which it was suppose to share with no other known lesion, whether syphilitic or non-syphilitic.

Within a few years this definition has been questioned, and to test the point experiments have been instituted with matter taken from postules of ecthyma, acne and scabies. The most recent American writer on this subject, the late Dr. Bumstead, in the fourth edition of his work, makes the following assertion: "The chancroid does not depend upon a specific virus of its own, incapable of being generated de novo." Let us see upon what grounds such a statement is based.

If the inoculations of simple pus result in pustules similar to the scource from whence they are taken, it is evident that we must accept one of two conclusions; either that simple pus is endowed with a virus, or else that the so-called chancroidal virus is a myth, and that its capacity for inoculation is due to some other cause than a specific poison. The first recorded experiments are those instituted by Dr. Pick, of Vienna, in the venereal wards of Prof. Zeissl. The pus of scabies, pemphigus and acne

was inoculated upon syphilitic patients in the wards, with the result of producing ulcerations which were auto-inoculable for several generations; precisely similar to what we find to be the case in the chancroid. These experiments, it must be remembered, were made upon syphilitic persons, in whom the skin is more or less irritable, and perhaps predisposed to take on ulcerative action; for, when the same kind of matter was inoculated upon persons who were free from syphilis, no positive results followed, the inoculations remained negative; and this was true also when the experiments were made upon the bearers of the scabies, acne, etc., from which the pus was taken. In brief, Pick found that simple pus was capable of producing ulcerations upon syphilitic persons and upon no others.

The second series of experiments were made by Drs. Reder and Kraus, and were confirmatory of Pick's experiments. Matter was taken from the fresh postules of scabies and inoculated upon syphilitic persons with success, for two or three generations of such inoculations. When, however, similar pus was inoculated upon persons free from syphilis, the results were always negative. These gentlemen, moreover, found that only recent pus was capable of inoculation. Matter from old lesions gave no result.

The third set of experiments was made by an American physician, Dr. Edward Wigglesworth, Jr., during the winter of 1867–68, while he was studying in Vienna. This gentleman states that he was free from all taint, whether hereditary or acquired; that he had never had a sore of any kind, or lesion of skin or mucous membranes; and that at the time of his experiments he was simply run down from overwork. He took some pus from an acne pustule on his own person, and inoculated himself on the forearm, "first pricking open the apertures of the hair follicles, and then rubbing the pus into them." Three punctures were made, and in three or four days three well marked pustules followed. Three fresh inoculations were then made with the matter from the more recent pustules on the same arm, and again the result was positive. Pus was again taken from these latter and three fresh inoculations made, with a similar result.

"The second series," Dr. Wigglesworth says, "was hardly so well marked as the first, and the third series

was slightly inferior in vigor to the second; still all were well marked, the nine sores being at the same time present upon my arm. On removal of the crust, perceptible ulceration of the skin was found to exist. There were no buboes in my case, nor did the ulcerations require other treatment than exclusion from the air by means of a simple dressing, and cleanliness. The scars remain to the present day."

Now, let us weigh the full meaning of this experiment. Simple pus is inoculated upon a person free from syphilitic or any venereal taint, and as many pustules are produced as there are points inoculated, which pustules are identical in appearance with those from whence the matter was taken. These fresh pustules again furnish pus which is auto-inoculable, and this goes on through three generations. These pustules are followed in all nine instances by ulceration.

Compare this with what occurs in a chancroid. You recollect that I told you that the chancroid was capable of auto inoculation—so is the pus from this acne pustule; the chancroid destroys tissue and produces ulceration—so does the pus from these pustules; the chancroid shows its characteristic pustule in two or three days after the inoculation—so does this pus from an acne pustule. In short, both kinds of pus show auto-inoculability, ulceration, and no period of incubation. Nor is the lack of vigor in succeeding inoculations, in Dr. Wigglesworth's case, different from what we find in the chancroid; for, in this latter, as the pus from succeeding ulcerations from the same source is inoculated, it gradually grows weaker until finally it is incapable of inoculation, as was amply proved in Lindmann's experiments in 1851. Here are some of the characteristics which we believe to be the special property of the chancroid, appertaining to simple pus. What shall we say? Shall we attribute to simple pus a specific virus? or shall we deny it to chancroidal matter? Before deciding upon this question let me relate some further experiments with pus derived from simple non-venereal affections.

In 1853, Dr. E. Vidal, surgeon to the St. Louis Hospital, in Paris, made some experiments with the pus of ecthyma, occuring in typhoid patients. He gives three of these experiments in full, of which I shall give you the abstract. In the first case he made two separate inoculations with

ecthymatous pus, and the fourth day after the pustule was formed at the point of inoculation. In the second case, with the same kind of pus, he made two inoculations; both of them at the fourth day were followed by positive results. In the third case, three inoculations were made, of which all three succeeded upon the fourth day. He then took matter from one of the recent pustules of inoculation and made one fresh inoculation, which, upon the third day, also gave positive results. The first series ran a course of nine days, and the second a course of six days, when they finally cicatrized. He then, upon the same patient, made a fresh inoculation with matter taken from a large sanguineo-purulent pustule, which, upon the fourth day, produced a marked pustule, seated upon a hard, deep-red base. This broke upon the sixth day, upon the seventh was covered with a brownish crust, and finally healed up, the hard base upon which it was situated also disappearing. When the patient went out, after a three months' residence in the hospital, the cicatrices were still visible at the inoculated points. Vidal then made a fourth series of experiments, this time upon a person free from typhoid fever, but the bearer of a simple ecythema. The first experiments comprised three inoculations, which were followed upon the fourth day by positive results. He then followed up the investigation by inoculating matter taken from the original pustules, from the recent pustules produced by inoculation, and also ecthymatous matter which had been exposed to the vapor of the essential oil of turpentine. Three inoculations were made with each of these different kinds of matter, with the following result: That made with matter from the original ecthyma succeeded perfectly—the pustule was prominent and surrounded with a red areola; that in which the contents of the pustules produced by inoculation were used was less successful—the pustule was well marked, but the areola was not; that made with matter which had been subjected to the vapor of turpentine was the least successful—the result was rather a papule than a pustule, and the areola was almost entirely absent. Upon the seventh day after the inoculation the pustules, of the first set of inoculations, were covered with a brownish crust, which in a few days dropped off; the pustules of the second healed up in the course of two or three days. Let me add that all these experiments were made upon

the bearers of the lesions which furnished the pus; that is, they were what is called "auto-inoculations."

In order to test the question of its inoculability upon sound persons, Vidal inoculated himself and the pharmaceutical interne of the hospital with matter taken from ecthymatous pustules upon a patient with typhoid fever. In both instances the results were negative.

Let us now review the experiments I have detailed to you, for purposes of comparison, grouping them as German, American and French, in the order in which I have given them. *First*, as to the German experiments: simple pus is inoculable upon syphilitic persons, and upon them auto-inoculable—upon sound persons, as well as the bearers of the original lesions, the experiments are negative. *Second*, in the American, simple pus is auto-inoculable. No attempt is made to convey the disease to healthy persons. *Third*, in the French series, simple pus is auto-inoculable, but is incapable of being conveyed to healthy persons.

Note one important point here: all of these experiments were successful upon people whose health was below par. In the first series, the persons were debilitated by syphilis; in the second, the subject was run down by overwork; and in the third, three were suffering from typhoid fever, while the fourth was of a lymphatic and sickly temperament. In so far, then, as the question of auto-inoculability is concerned, chancroidal pus would not seem to differ from simple pus; and unless we consider that simple pus is endowed, under certain circumstances, with virulent properties, we must consider that the same laws govern both, and hence we should be forced to deny a specific virus to the chancroid. Shall we, then, consider the positive results as due simply to the result of inflammatory action? I think such a position would be tenable; and the fact that simple pus is incapable of being inoculated upon healthy persons is because the latter is not of sufficient strength to produce inflammation in sound tissues, while it will do so in those which are debilitated from disease or from any other depressing cause. In other words, it is the debility of the subjects which renders their skins prone to take on ulceration and suppuration from causes which would be inert were they in perfect health.

But, before deciding positively upon this question,

further experiments are necessary. These, to be of any value, should be made upon sound persons whose skin is irritated either by friction or by some artificial excitant, such as savin or the like. Should the results of the inoculation then be positive, it would prove that the inoculability of both kinds of pus, chancroidal and simple, was due mererly to inflammatory action, either in the tissues themselves or in the matter which was used, and not to any specific virus in either.

Until, however, this point is proved, we are only warranted in drawing the following conclusions:—*First*, That chancroidal pus, so far as auto-inoculability is concerned, has no quality different from certain kinds of simple pus. *Second*, that this capacity for auto-inoculation is due to debility of the tissues upon which the experiments are made; and, *Third*, that simple pus is incapable of being inoculated upon sound tissues; whereas the contrary obtains with regard to chancroidal matter.

Why this should be so, we are not at present in a position to explain, any more than we can explain why gonorrhœal pus, when rubbed upon the mucous membrane of the nose, produces no catarrhal inflammation, while it excites inflammation when deposited upon the mucous membrane of the ocular conjunctiva, of the urethra, or of the vagina. Yet we no longer speak of a gonorrhœal virus, and although I have retained in these lectures the term "chancroidal virus," I do so only because it is convenient, and because we are not yet in a position to entirely abandon its use.—*Specialist and Intelligencer.*

Report of the Surgical Section of the Camden County Medical Society.

BY O. B. GROSS, M. D., CAMDEN, N. J.

The section on surgery can only bring to your notice a few cases of minor surgery, partly on account of the scarcity of surgical subjects, due to the disposition of some of our members to send their surgical cases to Philadelphia. Since the last meeting of the Society, a number of cases of traumatic tetanus, have occurred within our city, of such marked fatality as to lead to the assignment of a local cause for the disease. Just what the

local cause was we are unable to say. Every case was, of course, attended with a wound, and while it is known that the disease can supervene on every description of wounds, the incised, lacerated, punctured and contused, the simple or complicated, the healthy or unhealthy—in every stage of reparitory process, and even after the primary wound has healed; yet it can hardly be said that the disease in the cases to which I refer, was induced solely by wounds, or by any peculiarities of condition or constitution of subject, from the fact that it assumed an endemic form. Nor can sudden atmospheric changes be assigned as a direct cause, from the fact that most of the cases occurred during the summer. More cases of tetanus, however, supervened on accidental wounds, during a period of four months, than have been known in this city in double the number of years, with the number of accidents gradually and proportionally increasing. It is known, moreover, that the malady is not peculiar to any country, climate, people or wound, considered either as to its kind, degree, situation or duration, or to any peculiarities of constitution or condition of subject. It more frequently occurs in hot than in cold countries, in climates subject to sudden variations from heat to cold, dryness to moisture, than in a uniform and temperate climate; more common among negroes than whites, more frequently results from punctured and lacerated than from incised or contused wounds, from complicated than from simple wounds, from wounds of the extremities than from wounds of the trunk; more frequently occurs during the period of cicatrization than during the process of healing, and is common alike to all constitutions, but more common where the condition of the patient at the time of accident is one of great exhaustion and fright.

The inflammatory state of a wound exerts but little influence in inducing the disease, as cases often occur after the subsidence of healthy inflammation, but, as a rule, the sooner the symptoms manifest themselves the more dangerous the malady. Sudden exposure to cold when the system is relaxed from heat and perspiration, sudden alterations of temperature, foul atmosphere, etc., are all that can be said of the objective causes of the disease. Just to what extent the subjective and objective causes and conditions affected the subjects, can not be stated, as up to yesterday none of the cases had been reported to

this section. Of the cases of which I have heard there was but one recovery—that occurred in the practice of Dr. Mecray.

The symptoms of the disease are clearly referable to the spinal system, and indicate extreme irritability. Usually beginning with stiffness of the muscles of the neck, the "permanent muscular contraction and fits of painful spasms implicating all of the voluntary muscles except those of the hands, eye-balls and tongue" follow, causing trismus, opisthotonos, difficult deglutition, painful dyspnœa, with increased reflex excitability and increased temperature, the disease usually continues, without fever and with the mind clear, until apnœa from spasms of the muscles of the larynx or exhaustion relieve the sufferer. Post-mortem appearances, even with the aid of the microscope, fail to throw any light on the intimate nature of the disease. There is generally congestion of the cord with slight effusion, often slight softening and disintegration of the gray matter of the cord, occasionally congestion of a nerve leading from the seat of injury. But congestion and slight effusion can result, according to Mr. Curling, from repeated doses of opium and chloral employed in the treatment; and in seventy cases collected and reported by him there were only two in which changes in the cord were due to inflammatory action, and these two gave a history of having been injured in the back, and manifested symptoms which indicated inflammation of the cord and its membranes as plainly as tetanus. Congestion of a nerve leading from the seat of injury, first observed by Mr. Errichson, is not a constant condition, as the wound in the majority of cases is healthy and healing. As far as treatment is concerned, no remedy is known which exerts a constant and uniform influence over the disease. Excision of the wound or incision around its proximal extremity should be early resorted to in order to divide all nervous connection at the outset of the disease. But when the malady is thoroughly established, no local treatment is regarded of any avail; with the exception of amputation when the disease is induced by an injury or wound of the extremities. Efforts to prevent congestion of the cord, to allay spasm, induce sleep and prevent exhaustion are all that can be said of general treatment.

I beg your attention for a moment to an epitome of a

case reported by Mr. Molier in the *British Medical Journal*, as exemplifying the successful combination of the different methods of treatment. A man twenty-five years of age sustained a gun-shot wound of the foot. The fourth and fifth toes were amputated at once. The third toe was fractured, the articulation opened, but it was thought it might be preserved. The wound was treated antiseptically. At the expiration of fourteen days tetanus supervened. The general treatment consisted of bromide, chloral, morphia, stimulants, rest, etc., the local use of laudanum dressings. The patient, however, grew worse. The third toe was amputated, and from that day the local pains ceased, and the general symptoms began to subside. On dissecting the amputated toe a fragment of bone was found sticking in the internal lateral nerve. From the result of the different methods combined in the treatment, Mr. Molier concluded that without the amputation the drugs would have had no effect, while, *per contra*, without the drugs, the operation would have proved useless.

WOUNDS OF THE FACE.

Wounds of the face are sufficiently common in general practice to be passed without notice; yet the *care* requisite in approximating and maintaining the edges, in order to prevent unseemly scars and deformity, is worthy of consideration. The avoidance of deformity is a matter of considerable moment, and the happy results of a number of cases, in this particular, induce me to place before you the rules it is deemed best to observe: *First.* Observe the direction in which the muscular fibers are severed, and adjust the edges accordingly and with the greatest accuracy. This is of as much importance in preventing scarring, as it is in making incisions through the skin to carry the knife in the direction of the muscular fibers, or in the line of the wrinkles. *Secondly.* Never employ adhesive plasters to maintain the edges in their proper position as it is likely to become displaced by muscular movements. Employ as a retentive means either small pins, as in the operation for hair lip, or small silver wire sutures; either can be used for an indefinite period without provoking irritation. *Thirdly.* The more numerous the better, when deformity is to be avoided. If necessary, alternate sutures can be removed at the ex-

piration of twenty-four hours. *Fourthly.* In order to prevent inversion of the edges of a wound (which frequently acts as a cause of scarring) insert the needle obliquely through the skin to a greater depth than its entrance or exit upon the surface is from the edges of the wound, and after inserting the first suture draw out the edges of the wound while the second suture is being inserted, then draw out the edges of the wound while the first is being tied.

HYDROCELE.

From three operations for hydrocele, I think it is safe to conclude that it is better, when the radical operation is to be performed, to inject tinct. iodine, full strength, to the extent of two or three drams, leaving a small quantity within the sac, than to inject two or three ounces diluted one-third or one-half with water.

VARICOSE ULCERS.

In the year 1873, Mr. Esmarch announced that, by means of an elastic bandage and tubing, operations could be performed upon the extremities without the loss of blood. The merits of the bloodless operation were quickly tested, and its introduction is universally regarded as a decided advancement in surgery. Various operations and conditions have since demanded the application of the bandage, thus necessitating various modifications. To Dr. Henry Martin, of Boston, belongs the credit of first applying the *rubber* bandage in the treatment of varicose ulcers, who claims that it is the only local treatment necessary in non-specific ulceration. In four cases in which I have employed it, I am able to bear testimony to the truthfulness of his observation. Dependent, as various ulcers are upon distended veins, irregular circulation—which causes venous congestion, œdema, mal-nutrition and ulceration of the skin—the application of the *rubber* bandage, from its even pressure, affords uniform support to the distended veins, and thus facilitates the circulation, promotes absorption, and furnishes the warmth and moisture necessary for healthy granulations. It is much more cleanly and beneficial than the elastic stocking, and the patient can apply it himself. It is unquestionably the cheapest and best local treatment that can be employed.

The papular eruption frequently observed, after repeated applications of the bandage, is due to obstruction of the

cutaneous follicles, but the continuance of the bandage causes the eruption to disappear with the congestion and œdema of the ulcer. It is best to remove the bandage on going to bed, wash the ulcer, employ some of the usual remedies as a dressing, and apply it before the patient leaves the bed. Mr. Hilton, of London, recommends that the foot of the bed, on which the patient habitually sleeps, be raised a few inches from the floor.

The Third Stage of Abortion.

Dr. Theophilis Parvin, in the *Obstetric Gazette*, July, 1880, contributes a practical article on this subject, from which the following extracts are taken:

Indeed, I have long thought that ergot was too much regarded by the profession as the universal uterine hæmostatic, and that it was frequently exhibited with no more reason and with greater injury than tincture of arnica is always used by the public for sprains and bruises. Given a bruise, almost every man, woman and child is ready to prescribe arnica. Possibly some doctors will accept the prescription, though years have elapsed since the late Dr. Garrod demonstrated that the tincture of arnica was just as valuable locally as so much alcohol, and not a bit better. Given ulceration of the mouth, and chlorate of potassium is commonly directed. Given urinary scantiness or suppression, forthwith spirits of nitre is called in requisition by the nurse, possibly by the doctor. And, finally, let there be uterine hæmorrhage, and almost so certainly as the arnica, the chlorate, or the nitre in the circumstances previously mentioned, ergot is called upon as the sovereign remedy. We are so avidious of some universal agent. It is much easier to follow a common rule than to discriminate! My belief is that ergot is a hindrance rather than a help in securing a complete deliverance in cases of abortion. As a case approaches nearer the commencement of fœtal viability, and with a dilated os, it may sometimes be used advantageously. But practically such are not the cases that bring danger to the patient and anxiety to the obstetrician, for generally they work out their own salvation, and the phenomena, or complications occurring, vary but little from those observed either in premature labor or in labor at term.

I remember in my student days reading in some works upon midwifery, possibly in Dr. Huston's notes upon "Churchill," that the three great remedies for abortion were rest, time and laudanum. A professional experience of twenty-eight years has confirmed me in the value of the advice, and at the same time has taught me that it should not be followed too explicitly, and the means directed not always exclusively used. When the abortion is inevitable we may hold to these means, often remembering to abstain from rupturing the ovum, either with the fingers or an instrument. Let nature's hydrastatic dilator be respected and retained in its integrity; then we may hope for the complete and simultaneous expulsion of the embyro and its appendages just as soon as the cervical canal has become sufficiently softened and dilated. Now, in most cases of spontaneous abortion the oval sac is found unruptured. But, unfortunately for human morals, human health and life, and for the physician, many cases come under his care, not of spontaneous, but of criminal abortion, the abortion very frequently having been started by perforation of the sac, and the process of expulsion is then generally tedious, sometimes dangerous. Of course, in the first few weeks of pregnancy, miscarriage is usually affected with very little more disturbance of any sort than that incident to a menstrual period, and no special treatment is required. So, too, in and from the fourth month, the phenomena are usually similar to those of labor, and it is altogether exceptional when membranes or placenta are retained, if the practitioner knows how to watch and wait. But in the second and third months of pregnancy, the cases of abortion of most difficulty occur. Nearly one-half the number of criminal abortions are found in the first three months, and, as before said, these are frequently induced by perforation of the oval sac. Called to such a case, or to any case of inevitable abortion, must we always interfere at once by active means for immediately emptying the uterus? I think not. It takes time for the rupture of the many uterine adhesions of the ovum, and their detachment will be assisted by tamponing the vagina, still better by tamponing the os uteri, thus causing the very effusion of blood from ruptures already made to hasten other ruptures, and giving time, too, for some softening of the cervix, and dilatation of its canal. But if the hemorrhage has been going on for some days when the

practitioner is first called, and a few hours after the application of the tampon—if this be not followed, as it often is, by the expulsion of the ovum—especially, too, if the hemorrhage be at all profuse, I believe in instantly emptying the uterus of its contents. But how? I shall never forget a remark once made to me by Dr. Fleetwood Churchill. When that most amiable of Christian gentlemen, that wise and admirable teacher, had gone with me, just before I left Dublin, to Fannin & Co.'s, to select some obstetrical instrument, I asked him for an ovum forceps. His reply was: "Your finger is the best ovum forceps." And in the last edition of his *Midwifery*, London, 1872, I read, "The use of any instrument of this kind" (he had been referring to Dewees' wire crochet, and the French forceps) "will require great care, and can only be safe so far as their application can be regulated by the finger." Yet, is this not too strong a statement?

Certainly I would hesitate before "fishing" with a bent wire in the uterine cavity, hoping there to catch the *corpus delicti* by hook or crook. Nor can I repose implicit faith in the certainty and safety of any of the curettes, one of which has been strongly recommended in cases of abortion. We may draw down the uterus so low that its cavity is readily accessible to the exploring finger, as suggested by Prof. A. R. Simpson. But the uterus, enlarged and engorged by pregnancy, sometimes proves itself peculiarly intolerant of all severities, and I would rather any operation upon its cavity should be effected while the organ is *in situ*. We may introduce a hand into the vaginal cavity, and then one or two fingers into the uterus. Mauriceau, by the way, well describes his use of two fingers to bring fragments of the placenta in a particular case: "I brought away three pieces of the afterbirth of the bigness of a walnut, which were left behind, taking them one after the other with my two fingers, as crabs do when they grip anything with one of their forked claws." But the introduction of the hand into the vagina in any stage of pregnancy, and especially during the first months, should hardly be done without anæsthesia.

Still, my question occurs: Is there not a more excellent way than any that has been mentioned? I believe there is. Suppose a case of incomplete abortion, having hemorrhage, which, by its persistence or profuseness, brings danger to the patient, or commencing offensive discharge

that heralds a possible septicæmia, and then interference is imperative and must be immediate. Let the patient lie on her back, upon a hard bed, her hips brought to its edge, lower limbs strongly flexed; then introduce Neugebauer's speculum, and bring the os fairly in view; now catch the anterior lip with a simple tenaculum, or better, with Nott's tenaculum forceps, and then, if there be any flexion—and it is not uncommon in cases of spontaneous abortion to observe this—use gentle traction to straighten the bent canal; at any rate fix the uterus by the instrument. Now, take a pair of curved polypus forceps of suitable size, or, better still, Emmet's curette forceps, and gently introdnce the closed blades into the uterine cavity, open them slightly, then close them and withdraw, when the fragments of membranes can be removed, and the instrument re-introduced. Repeat this three or four times, if necessary, until all membranes or placental fragments are extracted. Then, by means of an applicator wrapped with cotton wool, swab out twice or oftener, the uterus with Churchill's tincture of iodine—one of the best of local uterine hæmostatics, if not one of the best of antiseptics. Finally, let the patient have ten or fifteen grains of quinia, and it will be very rarely, indeed, that her convalescence is not prompt and perfect.—*New Orleans Medical and Surgical Journal.*

Part of a Clinical Lecture at Jefferson Medical College Hospital.

CLINIC OF ROBERTS BARTHOLOW, M.D.,
Professor of Therapeutics and Materia Medica.

Treatment of Obstinate Malarial Attacks.

The case before us is a simple ordinary one of intermittent fever. He has a chill every other day. The fever is, therefore, of tertian type, and, after the chill, the hot stage lasts two or three hours, and is terminated by sweating. This has been kept up for some time, and will prove what I say, that an attack of intermittent fever in a malarious district is not to be despised. After checking the disease with quinine, the paroxysms will recur, and the treatment will thus often be brought into discredit, unless some few points are borne in mind, as regards the method

of administration. Give the quinine at least three hours before the expected paroxysm. Shall we give small doses frequently repeated, or large doses less often? The latter is the true mode. You will then give fifteen grains three hours before the expected paroxysm. I prefer this to the former method, for this reason, which I regard as indisputable: Quinine, though not eliminated from the system with great rapidity, yet is eliminated, and chiefly by the urine. If we were to give it in small doses early in the morning, by afternoon it would be eliminated, and would require to be repeated, and in larger amount, in order to check the paroxysm. Therefore, it is more economical, as well as more effective, to give a single large dose, which is also more agreeable to the patient; for I affirm that fifteen grains given at once will give much less distress than one grain every hour until the same amount be taken. Large doses obtund the sensibility of the cerebral centers, while smaller ones cause excitement of the brain and tinnitus.

By giving a single large dose of a gramme of quinine at least four or five hours before the time for the appearance of the expected chill, we break up the paroxysms. What shall we do to prevent their return? We ordinarily hear that the chills are apt to return at septenary periods; but if you will look into the matter, you will find that they recur in multiples of the original number. Thus, tertain would return in six days, or, if not, then on the ninth, twelfth, fifteenth, eighteenth, or the twenty-first day; and, in quotidian, they are apt to be manifested in multiples of two. On these critical days, the remedy should be repeated. If we break up the chill to-day, on the day after to-morrow, although he may not have a decided chill, he will have some significant symptoms, that are evidences of systematic disturbance; he will excrete more urine, he may have a diarrhœa, general muscular soreness, or something else indicating the influence of the malarial poison. We must, therefore, give our quinine again, and repeat it on subsequent days, multiples of the original attack, administered in anticipation of the former hour of the attack. On the mornings of the sixth and seventh, the thirteenth and fourteenth, the nineteenth and twenty and twenty-first days, doses of ten grains shall be given on each of these days.

What else? Do you abandon your patient in the inter-

im? Ten grains of quinine will not be sufficient to relieve a damaged liver, or to reduce an enlarged spleen; in other words, the condition of chronic malarial poisoning. Treatment must be directed to this object as well as to breaking up the chills, or they will inevitably return. Lugol's solution, in five drop doses, given in water before meals, and Fowler's solution, three drops after meals, always prove most efficient aids. It is best, about the twenty-first day, to give a full antiperiodic dose of quinine for three days, for by this time there is a much greater accumulation of morbid material in the blood than at the other periods named.

Please bear in mind these rules which I have just given you, for you will find that they will stand you in good stead in all these cases of obstinate malarial attacks.—*College and Clinical Record.*

Microscopy.

An Ideal Series of Objectives for Microscopical Work.

Governor J. D. Cox, of this city, recently wrote a leading microscopist on the subject of an ideal series of objectives for microscopical work. His correspondent, regarding the views of value, submitted them, we understand, to Prof. Abbe, of Jena, hoping he might make formulæ for such a series, to be worked out under his supervision by Zeiss. At our request, the Governor has given us that portion of the letter in which he discusses the subject for publication, which we here present to our readers. [Ed.]

"Prof. Abbe's enunciation, in a recent article, of the proposition, in substance, that one great objective of a given angle of aperture should, if properly constructed, do all that *any* glass of that aperture will do, strikes me with peculiar force, because I have been leaning to that view myself. It amounts to this, viz.: Angle of aperture determines the power of discriminating minute variations of structure, or of surface in the plane, which is in focus; *ergo*, if the objective is thoroughly well corrected, eyepiecing will do nearly all that increase of power in the objective would do, without increasing or widening the angle.

"A practical suggestion grows out of this, which, if it could be carried out by Zeiss, under Prof. Abbe's directions and with his formulæ, would be of interest to the microscopical world. It is, that the true model for a series of objectives, would be a list containing the lowest powers that can be thoroughly well made of each of the desirable angles which will combine maximum aperture with low magnification. The series would thus be scientifically progressive. We should then only need to select those which would combine the most desirable *working distance* with other qualities, and the model series would be complete.

"Besides the lowest powers, we should want one objective of 40° angle for use with the binocular upon opaque objects. We should want a glass, with nearly half an inch actual working distance, for use with dissecting instruments or with the mechanical finger. Another, with an eighth or a tenth of an inch clear working distance, would be needed for rough examinations of algae, etc., in the common animalcule cage or compressor, with pretty thick cover glasses. The problem is, What is the *highest angle* consistent with these conditions? Indeed, I do not see why we should not rate our glasses by the angle of aperture rather than by the so-called focal distance, for we should always know what a thoroughly corrected glass of a given angle *ought* to do; whereas, nobody knows what a glass's performance will be, because it is called a "quarter" or an "eighth," under the present nomenclature.

"In further elucidation of the matter, it may be well to refer to the tables which the Royal Microscopical Society have published and kept standing in their journal. These tables are based upon Prof. Abbe's notation, and show the resolving and defining power of objectives of various angles, theoretically calculated from Abbe's formulæ. They give, of course, the *possible* performance of glasses, to which objectives will approximate according to the perfection of their corrections and finish. It is easy to see how a series of glasses, constructed upon the conditions which have been stated above, may combine maximum performance in each department of work, with the minimum number of objectives. Thus, the scientific outfit of the microscopist would be made, at once, least cumbersome in quantity and most efficient in quality. In

this way, we should have what might fairly be called an ideal series of lenses.

In practice, the result would be somewhat as follows, viz.: 1. An objective of 40° aperture and half an inch working distance, giving about forty diameters' magnification with the ordinary No. 1 ocular, and resolving 38,000 lines to the inch; 2. An objective of 100° aperture and one-eighth of an inch working distance, giving about 120 diameters' magnification, and resolving 70,000 lines to the inch; 3. A homogeneous immersion objective of 120° balsam angle of aperture, giving about 300 diameters' magnification, and resolving 120,000 lines to the inch. Proper eyepieces would make these three objectives cover the intermediate magnifications desirable, and the third objective in the list would resolve any test resolved by any glass yet made and in the market; whilst the 40° glass would give all the "penetration" needed for the binocular with opaque objects.

THE SPECIFIC AGENT OF TYPHOID FEVER.—Professor Klebs, of Prague, believes that he has discovered the micro-organism which constitutes the specific agent of typhoid fever, and develops his views in a paper entitled "Der Ileotyphus eina Schistomy cose," published in the *Archiv fur Experimentale Pathologie*, t. xii. p. 231, 1880. Professor Klebs has for a long time, assisted by his pupils, been making researches in this direction. He writes that he has been able to find, at the necropsy of twenty-four persons carried off by dothinenteritis, microbes in various organs: in the intestinal mucous membrane, in the thickness of the cartilages of the larynx, in the pia mater, in the foci of lobular pneumonia, in the mesenteric ganglia, in the parenchymata of the liver, and generally diffused in the organs which showed the most decided lesions. These micro-organisms showed themselves in the form of rods, about eighty micrometers in length and 0.5 to 0.6 micrometers in thickness. They have been constantly observed in the bodies of dothinenteric patients since the attention of Professor Klebs was drawn to the subject, and they are always absent from the organs, and specially the intestines, of subjects who have died from any other disease than typhoid.—*British Med. Journal.*

OUR editor of the MEDICAL NEWS, Dr. J. A. Thacker, has recently been honored by being made a *Fellow of the Royal Microscopical Society* of Great Britain.

GLEANINGS.

BY CHAS. A. L. REED, M. D., HAMILTON, OHIO.

RESORCIN.—A NEW REMEDY.—Dr. Andeer, of Warzburg, has recently investigated the antiseptic properties of Resorcin, which is derived from certain resins, particularly from galvanism and has for its formula $C_6 N_4 (H_2 O)$. It is described (*Lancet*, November 19, 1880,) as having an odor somewhat like that of carbolic acid, and a bitter-sweetish taste. A one per cent. solution will retard firmentation, and a stronger one will arrest it alto gether, and destroy the movements of infusoria and low organisms. It coagulates albumen. Although its caustic properties are not so pronounced as to cause even slight irritation when applied to the human integument, yet strong enough to produce a white eschar when applied to the mucous membrane of the lips. Unlike carbolic acid, which it resembles in some particulars, it appears to exert no paralytic effect upon peripheral nerves. Given in excess by the mouth, it occasions violent symptoms of poisoning, but its toxic symptoms are never accompanied by elevation of temperature. Albuminate of iron and red wine are successful antidotes. It increases the elimination of sulphur from the system, and augments the nitrogenous excreta.

Resorcin is a good antiseptic for the prevention of fermentative putrefaction. In one per cent. solution, it prevents putrefaction and even arrests it after it has begun in such substances as pancreas, blood, and urine, all of which retain their natural odors. In artificially produced septic processes, a solution of the same strength has an antiseptic action as powerful as carbolic acid, without being absorbed into the blood current to the same deleterious extent as carbolic and pyrogallic acids. Punctured and incised wounds treated by this agent, heal by first intention—a negative result. From its innocent action on the skin, Resorcin, in one-half per cent. solution, is eligible in form of spray in surgical practice. It is recommended also for fermentation connected with the mucous membranes in septic processes of the buccal cavity, "my cosal," affections of the stomach, intestine and bladder, for the cauterization of the catarrhal, tubercular

and syphilitic ulceration and in diphtheritic affections. Dose: Teasponful of solution of, from one to five pints of either water, alcohol, glycerine, or syrups of orange peel.

Lichtheim has investigated the antipyretic properties of Resorcin. He finds three grammes flushes the face, accelerates the pulse and respiration, and causes tinnitus, followed by perspiration, and, in an hour, by reduction to normal standard of both pulse and temperature. It sometimes causes transient tremor and delirium. The urine, after its administration, assumes a black color on exposure to air. It is useful in a large number of febrile affections, particularly of intermittent type.

FREQUENT CHANGES OF THE UNDERCLOTHING.—Weak patients should change their underclothing as seldom as possible, as every change robs the surface of a portion of the oil that is necessary to keep the skin soft and lubricated, and to make it a non-conductor of heat. When the skin is in an oily condition, as is found in the healthy, the liability to be affected by colds is much less than when it is in the rough and dry condition.

The oily state of surface, as is usually found with the healthy individual, is maintained by many thousands of sebaceous glands that are located in the integument; when a patient is in a weak condition from catarrhal disease, these glands do not supply this important non-conductor as abundantly as the skin requires it. For this reason, those patients that are thin in flesh, and on the surface of whose body there is little or no oily material, should not change the stocking-knit suit that is next to the body until it has become soiled, which may be in about one, two, three or more weeks. The weaker the patient, the less frequently should changes take place, and the less frequently will they require to take place, as the dry skin does not soil the clothing so rapidly as does the healthy oily skin.

If the suit next to the body does not cause undue prespiration during the night, it should be worn at this time as well as during the day.

The supplementary suits should not be permanently removed until the weather becomes warm in the spring. The last supplementary suit—leaving the one thin stocking-knit suit next to the body—may usually be removed about the 15th of June.

Patients must bear constantly in mind that it is far preferable to suffer the temporary discomfort that is occasioned by the presence of the extra suits on occasional warm days, that sometimes occur before the warm weather has permanently set in, than to risk taking a cold by their too early removal. In other words, it is far preferable to bear patiently the inconveniences caused by the heat, than to suffer several days or maybe weeks' sickness, the result of the too early removal of the underclothing.—*Dr. Rumbold's Hygiene of Catarrh.*

Dyspepsia in Infants.—Dr. Steiner recommends, in his Compendium of the Diseases of Children, the following formulæ, which he has often employed with good results in the treatment of dyspepsia in young children. Dyspepsia, the result of overloading the stomach with difficultly digestible and badly assimilated foods, is a condition which is frequent in those who are brought up by hand. The treatment of such cases requires careful attention to diet, and where there is an excessive acidity of the stomach, magnesia and bicarbonate of soda may be employed as follows:

Sodæ bicarb. 0.20—0.50 centigrams.
Aq destill. 80 grams.
Syrup simpl. 10 grams.
Sig. A dessertspoonful every two hours.

In those cases in which there is excessive alkalinity on the other hand, acids in a very dilute form are specially indicated, and of these more especially hydrochloric acid:

Acid hydrochlor. dilut. gtt. x.
Aq. destill. 70 grams.
Syrup simpl. 10 grams.
Sig. A teaspoonful every two hours.

With very young children a dose of a centigram of pepsin may be administered before each meal.

The dyspepsia of older children, due to improper diet, can sometimes be quickly cured by an emetic and strict attention to diet. Colic of a dyspeptic character may often be cured by the employment of the following:

Sodæ bicarb. 0.50—0.80 centigrams.
Aq. fœnicul. 80 grams.
Syrup diacod. gtt. xv.
Sig. A teaspoonful every two hours.

If there is a constipation this mixture may be ordered:

Hydromel 40 grams.
Aq. fœnic. 40 grams.
Aq. lauroceras. gtt. xv.

Sig. A teaspoonful to be taken every half hour until the medicine acts.—*Le Progres Med.*, July 10, 1880.

Tincture of Iodine Injections for Post-Partum Hemorrhage.—Dr. W. E. Forrest, of New York, (*Med. Rec.*) thus speaks of the iodine treatment of *post-partum* hemorrhage

The tincture of iodine, as a intra-uterine injection to control hemorrhage, was brought prominently to the notice of the profession by Dr. T. A. Emmet, of this city. So long ago, however, as 1857, Dr. Dupierris, of Havana, Cuba, published an article giving the histories of three cases of post-partum hemorrhage where injections of tincture of iodine were made into the cavity of the uterus with the most excellent results. But his cases failed to attract the attention they deserved, and his method did not then come into practice.

Speaking from my own experience, I should say that the injection of tincture of iodine is the most safe and by far the most efficient method we possess for controlling post-partum hemorrhage.

In summing up the advantages of the iodine treatment of post-partum hemorrhage we may state them briefly as follows:

1st. Iodine controls the hemorrhage, not by coagulating the blood within the uterus, but by exciting the uterus to contract. The blood is expelled in a liquid form, and hence, instead of leaving the uterus filled with a mass of hard, sticky clots, ready to undergo decomposition, the uterus is empty and disinfected.

2d. Tincture of iodine has never, so far as I can learn, caused any bad result, even when injected into the uterus in full strength.

3d. The iodine treatment never fails to control the hemorrhage.

Case of Resuscitation after Two Hours and Twenty Minutes.—On September 12, 1877, I was called to a lady in labor in South Kensington, and found that her child had been born nearly an hour. Though there were two married women in the room, the child had been allowed to turn on its face, and so became asphyxiated. I found

a slight flutter at the heart, which ceased in a few minutes. The child was partially wrapped in flannel and placed in front of the fire, whilst I adopted Dr. Silvester's method for suspended animation. After a little more than an hour it gave a catching kind of sob. I persevered, and at the end of two hours and twenty minutes the child breathed perfectly; and has grown to be a fine healthy child.—R. J. Maitly Coffin, F.R.C.P., Edinburgh.—*British Medical Journal.*

The Feet—Stockings.—Cold and damp feet are almost certain to induce and aggravate a congestion of the mucous membranes of the head, throat, ears or lungs. The recovery of a patient who has even a slight catarrhal affection will be retarded if the lower extremities are not maintained in a warm and dry condition.

Wearing stockings made of wool will generally cause the feet to prespire; in this condition they are liable to become chilled. Should such be the case a pair of thin cotton stockings should be worn under the woolen. It is well for patients who suffer from cold feet, whether they are damp or not, to wear, during the cold weather, a pair of woolen over the cotton stockings. Neither of these pairs need be very thick.—*Dr. Rumbold's Hygiene of Catarrh.*

Therapeutic Action of Sulphate of Cinchonidin.—M. Poncent had occasion, during his stay in Africa, to administer sulphate of cinchonidin to patients suffering from intermittent fever. He noted with care the results obtained, which do not agree with those arrived at by M. Laborde, based upon experiments formed on animals. According to M. Laborde, sulphate of cinchonidin possesses a well marked convulsive action. M. Poncet, however, administered the drug to the greater number of his patients in the very large dose of four grams per diem; but in no case did they present any symptoms of intoxication. The only appreciable effect was a marked slowing of the pulse rate, but no symptoms of any convulsive action presented themselves.—*Le Progres Medical*, Feb. 7, 1880.

Papaine in Gynecic Practice.—M. Cheron (*Paris Medical,*) injected twenty drops of a solution of papaine (five parts) and water (one part) into a hard recurrent cyst of

the vulvo-vaginal gland. Acute pain, with rigor, set in after a few hours, followed by fever which persisted for two days. The cyst suppurated and formed an abscess which healed kindly after being opened. A case of hypertrophy of the labium majus was similarly treated with like results.

Antiseptic Properties of Benzoin.—Dr. F. M. Brown, (*Lancet*,) reports the rapid healing of compound fractures when dressed with lint, previously treated with tincture of benzoin. The antiseptic properties of this drug have long been recognized in America, although it has never been accorded the prominence it deserves.

Book Notices.

Diagnosis and Treatment of Ear Diseases. By Alfred H. Buck, M. D., Aural Surgeon to New York Eye and Ear Infirmary, etc. 8vo. Pp. 411. New York: Wm. Wood & Co.

This is the eleventh number of Wood's Library of Medical Authors, for 1880. In this treatise it has been the aim of the author to present a picture of diseases of the ear, as they have appeared to him in public and private practice. At the same time, he has not hesitated to make use of the experience of others, but, in the main, using the material, as he says, stored up in his own case-books, and describing those methods of treatment which he has tested and found both safe and efficient.

There are no diseases more difficult to treat than those of the ear. The general practitioner usually knows but little about them; and when he has prescribed some "drops" to be dropped into the ear, when called upon by a patient to prescribe for some ailment of the ear, and has ordered some injections, he has exhausted his therapeutic means, and can do no more. Such procedure is disgraceful. The organ of hearing is one of the most important organs, and its affections are worthy of the most careful attention and study. To be deaf is one of the greatest misfortunes of life—interfering greatly in one's attention to the business of life, and depriving one of some of the most exquisite enjoyments. Not a few of the diseases of the ear result in deafness or impair-

ment of hearing; and an ignorance or a carelessness which may thus terminate is most inexcusable. Every physician should be qualified to treat diseases of the ear as well as other diseases; and if he is not, he should at once proceed to make himself qualified.

We can very cordially recommend the work of Dr. Buck to both students and physicians. It is a well written work, and quite practical in its character. The affections of the ear are methodically described in a plain interesting style, and the treatment of them explained. Such a treatment being recommended, as the author himself has tested and found to be efficient.

A Manual of Medical Jurisprudence.—By Alfred Swaine Taylor, M. D., F. R. S., Fellow of the Royal College of Physicians, etc. Eighth American edition from the tenth London edition, containing the author's latest notes made expressly for this edition; edited with additional notes and references. By John J. Reese, M. D., Professor in the University of Pennsylvania, etc. With illustrations on wood. 8vo. Pp. 933. Philadelphia: H. C. Lea's Son & Co. Cincinnati: R. Clarke & Co. Bound in half Russia. Price, $6.50.

Probably every physician is fully aware of the high position held by Dr. Taylor's Manual of Medical Jurisprudence. It has reached ten editions in London and eight editions in this country. No work in any language, in the same department of medicine, is of higher authority, if as high. With both medical and legal gentlemen its statements are decisive.

But, independent of its value as a medico-legal work, we regard it of so great value in consequence of its very large amount of practical information, that can not be conveniently obtained elsewhere, that we consider a medical library very incomplete that has not a copy of it on its shelves. We would almost as much think of getting along without a text-book on practice, as to do without it. It will even be found highly interesting as a reading book, full of interesting and novel information, irrespective of its scientific character. Every microscopist, whether a medical man or not, will especially esteem it, as it will open up a field to him to make his microscope of practical use. With this work he need not be at a loss

to find useful and pleasing employment. He can find other objects than flies' feet and probosces to occupy his time.

It is known probably by the most of our readers, that Dr. Taylor, the author, recently died. This edition, of course, will be the last published under his own revision. Before his decease, he revised it throughout, noticing under the appropriate chapters such cases of interest, as had transpired since the last edition. The work is fully up to the present state of knowledge, and will, for a long time to come, be regarded as the standard work of medical jurisprudence.

Like a number of works by the same publishers, it is bound in cloth, sheep, and half Russia. The latter forms a most beautiful binding, and costs but slightly more. Price in cloth, $5.00; sheep, $6.00; half Russia, $6.50.

A Manual for the Practice of Surgery. By Thomas Bryant, F. R. C. S., Surgeon to, and Lecturer on Surgery at, Guy's Hospital, etc. Third American from the Third Revised and Enlarged English Edition. Edited and Enlarged for the Use of American Students and Practitioners, by John B. Roberts, A. M., M. D., of the Philadelphia School of Anatomy. 735 Illustrations. 8vo. Pp. 1,005. Bound in elegant half Russia binding, with raised bands. Philadelphia: Henry C. Lea's Sons. Cincinnati: R. Clarke & Co. Price, $8.00.

This splendid standard work upon surgery, has reached a third edition both in this country and England. It is a work especially adapted to the wants of students and practitioners. While not prolix, it affords instruction in sufficient detail for a full understanding of surgical principles and the treatment of surgical diseases. It embraces in its scope all the diseases that are recognized as belonging to surgery and all traumatic injuries. In discussing these it has seemed to be the aim of the author rather to present the student with practical information, and that alone, than to burthen his memory with the views of different writers, however distinguished they might have been. These, no doubt, oftentimes would be interesting, but the student and general practitioner really has not time to give them attention. Such feel it incumbent upon themselves to limit their researches as much as possible to what has been demonstrated, and to

the author's own views. We have no doubt the work will not only maintain its previous popularity, but will increase it.

In this edition the whole work has been carefully revised, much of it has been rewritten, important additions have been made to almost every chapter, and, of the 672 wood-cuts, 82 are new.

This, like many other volumes issued by them, is elegantly bound by the publishers in half Russia, at a slight additional cost.

TREATISE ON THERAPEUTICS. Translated by D. F. Lincoln, M. D., from the French of A. Trousseau, Professor of Therapeutics in the Faculty of Paris, and H. Pidoux, Member of the Academy of Medicine. Ninth Edition. Revised and Enlarged, with the assistance of Constantine Paul, Professor Agrege in the Faculty of Medicine, Paris. Volume III. 8vo. Pp. 379. New York: Wm. Wood & Co. Cincinnati: H. Stacy.

This forms the tenth number of the series of twelve books of Wood's Medical Library, for 1880. It is the closing volume of the admirable work of Trousseau on therapeutics. On noticing the previous volumes we very fully described the work, and it is, therefore, not necessary to repeat the description at this time. Suffice it to say, that no work in its department stands higher. Wood's Library will undoubtedly increase very much in popularity, if the publishers continue, in future publications, to present works of such high character. In this volume are considered Anæsthetics, Antispasmodics, Neurosthenic Tonics, Excitants, Sedatives and Contrastimulants, Anthelmintics.

A PRACTICAL TREATISE ON NASAL CATARRH. By Beverley Robinson, A. M., M. D. (Paris), Lecturer in Bellevue Hospital Medical College. New York: Wm. Wood & Co. 8vo. Pp. 182.

This work will be found to be a valuable practical guide in the treatment of a class of diseases, that, although important, do not receive much attention in works upon the practice of medicine. It gives description of instruments necessary for the examination of nasal passages, illustrated by cuts, and teaches how to use them. These

chapters are certainly valuable; for, in all cases, the diagnosis of the disease is of the greatest moment, and, whatsoever aids in determining it, is of the greatest value. The work will repay careful study. Those who do so will qualify themselves to relieve many chronic cases, which they would probably, otherwise, discharge as incurable, after having for a while used some astringent injections.

Diseases of the Pharynx, Larynx and Trachea. By Morell Mackenzie, M. D., London, Senior Physician to the Hospital for Diseases of the Throat and Chest, Lecturer on Diseases of the Throat, at the London Hospital Medical School, etc. 8vo. Pp. 440. New York: Wm. Wood & Co. Cincinnati: H. Stacy.

This very distinguished work of Dr. Mackenzie forms the ninth number of Wood's Library of Medical Authors. No work is better calculated to maintain the high character of the library than this one. We presume nearly all intelligent physians have heard of it, for ranking high among the standard works upon the subject of which it treats, it is quoted and referred to very much by writers. Those who subscribe for Wood's Library, 1880, get this volume, with others of similar standing.

The work is based partly on the courses of lectures delivered at the London Hospital Medical College, and partly on the prize essay of the author on Diseases of the Larynx. There are full descriptions of the instruments, and the modes of using them in investigating diseases of the throat, pharynx, larynx, trachea, etc. Our space will not permit us to give anything like an outline of the work. We say, however, without hesitation, that it is a work which every practitioner ought to have. It will enable him to treat the many diseases which are discussed by it much more confidently.

Editoral.

THE MEDICAL NEWS is the cheapest medical journal to advertise in of any medical journal in the West—not because it charges less per page, but because it has the largest circulation. Those who advertise in it usually continue their advertisements so long as they continue to advertise in any journal. In looking over the advertising form it will be observed that not a few of the advertisements have been appearing for years.

We hereby append the post-office law in regard to periodical publications. By noticing it, and keeping it in mind, hard feelings would sometimes be avoided:

UNITED STATES POSTAL LAW.—1. A postmaster is required to give notice *by letter* (returning a paper does not answer the law) when a subscriber does not take his paper out of the office, and state the reasons for its not being taken. Any neglect to do so makes the postmaster *responsible* to the publishers for payment.

2. Any person who takes a paper from the post-office, whether directed to his name or another, or whether he has subscribed or not, is responsible for the pay.

3. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until the payment is made, and collect the whole amount, *whether it be taken from the office or not.* There can be no legal discontinuance until the payment is made.

4. If the subscriber orders his paper to be stopped at a certain time, and the publisher continues to send, the subscriber is bound to pay for it *if he takes it out of the post-office.* The law proceeds upon the fact that a man must pay for what he uses.

5. The courts have decided that refusing to take a newspaper and periodicals from the post-office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

PROF. TRAILL GREEN'S ADDRESS.—We have recently received a copy of the address of Prof. Traill Green, M. D., LL.D., Professor of General Chemistry in Lafayette College, Easton, Pa., delivered before the Alumni Society of the Medical Department of the Pennsylvania University, last March. Quite a number of topics are embraced in the address, and some of them so entertainingly treated that we feel like making pretty copious extracts, feeling sure that thereby we will interest our readers. In speaking of medical journals, the speaker says: "The readers of these journals are constantly receiving useful information, and through this reading alone are becoming better qualified to perform the duties of the profession. These journals nurtured or formed a taste for reading when the text-books had lost their interest. They have led many of the profession to cultivate a talent for writing, and in this way the science has been advanced. New remedies, new pathological views, and new methods of treatment have been through the journals, made known to the readers of them residing in every part of the land. Many who can not add books to their libraries do in this way learn much that is valuable to them in their daily work. Our journals are rich repositories of medical truth, and have influenced medical reading for almost a century. . . . I doubt whether a number of any of them is ever

read that does not furnish some useful hint to the practitioner who reads it; and in a consultation or an occasional conversation with a physician it is not difficult to determine whether he is in the habit of reading a medical journal, as much of treatment and the use of new remedies is learned from the journals before it is collected together in more permanent works."

Prof. Green is decidedly in favor of a classical education preparatory to the study of medicine. He thinks that the study of Latin and Greek trains and strengthens the mind better than the study of the sciences alone, or in conjunction with the study of the modern languages. While, of course, in the study of the ancient languages the reasoning powers may not be called into exercise, as it were, as they are in the solving of difficult geometrical problems, yet a culture is imparted and a breadth of thought realized that does not follow upon the study of mathematics or any of the natural sciences. This may be partly due to the students of these languages becoming familiarized with the cultivated thoughts and beautiful conceptions of the old masters of literature, philosophy, and poetry. And not only made familiar, but made almost part of their own minds by the close study required in studying the language which expresses them. But there is a science and beauty of construction in the Latin and Greek languages which can not help but refine and give vigor by their study. These old languages are peculiar in this respect, of which there is nothing of the kind in our modern languages. The mind that has become trained by study to read a Latin or Greek author right along, capable at once to understand the thought expressed in only three or four words, which would require a dozen or twenty if written in a modern language, has acquired a quickness of perception, strength and elasticity that can not be obtained by the study of weights and measures, lengths and breadths. But it is our object in this writing to quote from Prof. Green, and not to give our own views. Prof. G. refers to quite a number of authorities in evidence of the superior mental training secured by the study of the classics. He states that the great Baron Liebig at one time was greatly in favor of discarding the study of ancient languages in the education of young men, and expressed his conviction "that a new national life would commence for Germany, and that

future generations would, in consequence of this increased knowledge of natural science, be intellectually superior to past generations, brought up chiefly in the old classical schools. Unfortunately this bright vision has not been realized. Liebig confessed in after years that his earlier impressions had been erroneous. He stated that he frequently observed among his own students in chemistry, that although those coming from technical (scientific) schools appeared at first, in all that related to natural science, as giants compared to those having received a chiefly classical education, yet that the latter, in most cases, not only soon made up the deficiencies in this respect, but in the end generally outstripped their technically educated rivals."

Prof. Green quotes from Prof. Thiersch as follows: "Even mathematicians find that students from a good gymnasium make better progress than those who come from practical high schools, where the classics are excluded." We could quote the testimony of others, referred to by Prof. G., as evidence of the advantage which a classical education gives to those having it over those who are without it, but it is not necessary. Prof. G. himself speaks as follows as regards a higher education: "After an intercourse of many years with college students, I can testify to the advantages derived from regular courses of study. It is not uncommon to see young men who tire of the higher curriculum, and imagine that a course of reading in history, biography, or literature, is of far more value than the studies of the recitation room. I never knew one who equalled in mental power those who pursued the course so long tried and approved by the world's best educators. For a time the frequenter of the library or reading-room appears to better advantage to his fellows than the diligent student of the studies of the regular course. It will be observed that he who occupies his time on the studies which give the best mental discipline, soon outstrips those who suppose they are pursuing a more practical course; for soon after he has entered upon professional life he acquires all the knowledge that the other gained, but gained at the expense of loss of training.

"Practitioners who have given any time to the instruction of office students, and professors in medical schools, must have observed a difference between those who enter upon their studies with imperfect preparation and

those who have had the advantage of a better culture. There is much in learning how to study, and after a course of four years in college, and several spent in preparation for the four years' course, it must be that a young man has learned how to apply himself to professional studies. I have had young men to apply in the midst of their college course for instruction in medicine, and I have invariably directed them to finish the first before they entered upon the other. I know several who are now in good positions who never could have entered upon them had they neglected my advice, and all of them I know, feel that they owe me a debt of gratitude for the advice which I gave them, and which they followed. A very large number of young men who seek office instruction would gladly follow the advice of preceptors; they wish to know what is necessary in the way of preparatory studies, and if not directed to the proper course, I doubt not they will in after years feel that they have not received the counsel which should have been given. Students who have been in preceptors' offices, and read many medical books without the requisite preparatory education, appear for a time after they have entered the medical college to better advantage than others who have not read so much, but have the ability to acquire knowledge, and do so, and soon show their better culture. The editor of the *London Medical Times and Gazette* (December, 1879), said, recently: 'A somewhat prolonged experience teaches us that of those who enter our schools from the surgery, and those who enter from the public school or college, the former may have for a short time the pull over their opponents, but the scientific training soon tells, and it is not long till the order is reversed.'"

In continuing to speak of a higher education of medical men, in which is included a knowledge of the ancient languages, Prof. Green says: "I have known young men to rely upon the possession of the medical degree as a passport to influential positions in society. The medical degree is what its holder makes it to be for himself, and is in this like all other gifts and possessions. A medical degree without the culture which it implies will not commend the doctor. The lack of culture, soon discerned, forbids the taking of a position which a member of a liberal profession should take, and in which he might make himself useful to the community. . . . It is one of

the encouragements of the times that the present improved popular system of education will demand a higher education for the physician than was common prior to the adoption of our present common school system. The simple possession of the title conferred by the medical school will not be a passport to the best positions in which the profession is to be pursued, nor will it give its owner the status due to a liberal culture when he does not possess that culture."

The father of Dr. Franklin prevented him from taking a regular college course, yet he acquired by his own exertions a thorough classical education. A translation by him of one of Cicero's philosophical treatises will be found published in Bohn's Series of Classical Translations, "*De Natura Deorum, Ad M. Brutum.*" Says Prof. Green, in speaking of him, quoting from Sparks, "He studied navigation, Locke on the Understanding, and the Art of Thinking by Messrs. de Port Royal, the Arts of Rhetoric and Logic, in the latter of which he learned the Socratic method of dispute, of which he learned more in Xenophon's Memorable Things of Socrates, and attained an acquaintance with the French, Italian and Spanish, and was surprised to find, in looking over a Latin Testament, that he understood more of that language than he had imagined, which encouraged him to apply himself again to the study of it, and he met with more success. . . . He has left his estimate of classical learning in his proposal for an academy: 'When youth are told that the great men, whose lives and actions they read in history, spoke two of the best languages that ever were, the most expressive, copious, beautiful; and that the finest writings, the most correct compositions, the most perfect productions of human wit and wisdom, are in those languages, which have endured for ages, and will endure while there are men; that no translation can do them justice, or give the pleasure found in reading the originals; that those languages contain all science; that one of them has become almost universal, being the language of learned men in all countries; and that to understand them is a distinguishing ornament; they may be thereby made desirous of learning those languages, and their industry sharpened in the acquisition of them.'"

Prof. Green, in his interesting address, urges the importance of a higher education to physicians at consid-

erable length. We regret that space will not permit us to quote further from what he has to say upon the subject. We are glad that prominent men of the profession are urging the necessity of young men to become educated before entering upon the study of medicine. And not only so, but that they should seek, not merely an English or scientific education, but a thorough classical one. The latter, in fact, imparting the mental discipline that best prepares for the study of medicine. We rejoice with Prof. Green that the evidence is that the proportion of graduates of colleges of those who commence the study of medicine is increasing every year. He states that a friend, on examining a large number of medical journals, found that more than one-third of the contributors of one journal had received the degree of A. M., and that from one-fifth, one-seventh and one-tenth of those of other journals had likewise.

Prof. Green, who has been a member of the profession for over forty-five years, has had large opportunity of noting its progress. Though not a teacher in a medical school, but holding a chair in one of the oldest and foremost colleges of this country, and a gentleman of great learning, yet he takes a most active interest in medical progress. He was one of the founders and first Presidents, we believe, of the American Academy of Medicine, and recently President of the Pennsylvania State Medical Society, showing that as his years increase his activity and professional enthusiasm do not dimish.

"There Is Not Much In It."—This expression, which we have adopted for a heading, was recently made by a physician who does not reside more than an hundred miles from Cincinnati, when the microscope was mentioned to him by a layman. Of course, our readers will suppose that he must be a very ignorant man and of no standing in the profession. But we will assure them that they are mistaken. On the contrary, he considers himself, and is considered, both by the community and the most of his medical brethren as eminent in his profession, and is of high standing socially. Although he has not a college education, yet he is regarded as an intelligent man, and has written not a little for publication. We believe, too, that he has been called upon to make addresses away from home.

Such an expression from such an individual is remarkable, and we scarcely know how to account for it. If he was a grossly ignorant man, of but little modesty, and full of ignorant self assurance, we would unhesitatingly ascribe it to his ignorace; for it is difficult to imagine that there can be one of any other class that would be disposed to depreciate the value of the microscope. Has there been any other instrument that has accomplished more, if as much, for science? Certainly medicine is more indebted to it than to any other. It has done so much here, that we scarcely know how to begin to tell what it has done. In fact, it really seems to us, at a glance, to have done everything. Without it there could have been no science in medicine at all. "To begin with the beginning"—histology. Without the microscope there could be no histology—*i. e.*, such a branch of knowledge. The foundation of all structure is the cell, and its increase is the increase or multiplication of cells. But we could not have known of the existence of such a body as a cell unless the microscope had revealed it. And it also revealed how cells are multiplied by division; and tissues, and structures, and organs thus created. But we have not time nor space to recount from the beginning, in regular order, how medicine has been built up into a science and art by means of the microscope. We will only mention at random, what we would not have known anything about if it had not been for the revelations of the microscope, and then we will let the gentleman who considers "there is not much in it" think over to himself what we do know. The red and white corpuscles of the blood, although of the highest importance both in health and disease, and in the latter, often have our remedies directed to them, are so exceedingly minute in size that they can not be seen by the unaided eye, and, consequently, we never could have known of their existence without the microscope. Nor could we have known without it anything in regard to the network of capillary vessels that connect the arteries and veins. Turn the attention to the primæ viæ, commencing with the lips, lined with mucous membrane throughout its whole length. How studded is it from commencement to termination with most important organs, all of which are microscopical in size. We could have no knowledge how digestion and absorption take place, if we had not the means of magnifying the size of the organs by means of

which it is accomplished. How came we to know of the acini of the liver, containing a portal capillary within and the other vessels disposed without? Without magnifying lenses we could have known nothing of the peculiarities of the hepatic circulation. And the same can be said of the novelties of the arrangement of blood vessels of the kidneys, and the curious Malpighian bodies which the microscope exhibits so beautifully. And these singular bodies remind us of the spermatazoa and their active movements, which are microscopical.

But the gentleman who thinks there is not much in the microscope, may say that he admits that the microscope has done much in histology, etc., but that the general practitioner, having learned all about its discoveries in books, has no need of the instrument in his practice. Consequently, "there is not much in it" for him, for he has no time to study histology. We think, however, he would be a better doctor if he only studied the histology of the leaf of a flower occasionally, for which he might certainly find some time now and then. But the microscope is of the most important service in practice, so much so, that it ought to be called into use every day. The information which is obtained from urinary deposits has now become so important by the progress of pathology that the intelligent physician feels called upon to examine them in a large number of his cases; and the microscope by defining the crystals or exhibiting epithelial cells and tube casts, etc., discloses, oftentimes, at once the most important information. Again, how often is the medical attendant put into the possession of valuable information as regards the character of a lung affection by what he finds in the sputa of his patient? In anemia and chlorosis he frequently learns much by examining the blood. In discriminating secretions and excretions he often finds use for his lenses, also, often, in making out peculiar tissues. Really, there are so very many uses for the microscope by the physician in the way of his practice, which suggest themselves to us, and which we would suppose would occur to the minds of all, that it seems absurd to enumerate them in the way of evidence of the value of the instrument to every practitioner. We feel sure that *we* could not dispense with it.

Let any of our readers take up a work on medical jurisprudence, and we feel sure that they will find abundant

evidence of the value of the microscope as a medical instrument. By it the physician can determine at once whether certain stains are blood stains or not; and if they are, whether the blood is that of a mammalia or not. But this will suffice. Scores of pages of almost any work upon medical jurisprudence will illustrate the importance of the microscope.

We do not wish to be suspicious, but we can not help suspecting that the medical gentleman who has been reported to us as speaking disparagingly of the value of the microscope was induced to do so because he himself had no practical knowledge of the use of it; and, consequently, he desired to excuse his ignorance by depreciating it. We hardly believe, though, that he will be able to deceive any one.

Misanthropy of Dean Swift.—To what extent an individual may be misanthropic consistent with sanity, is difficult to determine. To be insane to any degree, is admitted by all authorities, to have disease of the brain. But how an organ can be ever so little diseased without all of its functions or faculties being more or less affected, is difficult to imagine. That there should exist in the brain such a pathological condition, may be an effusion of lymph, a tumor existing, or a limited amount of softening, with certain of the emotive functions—the moral faculties—undoubtedly morbid, so that a person is not to be regarded as responsible, and, at the same time, all the other faculties of the mind are perfectly healthy, and some of them exhibiting great power and activity in normal action, is hard to understand. This, however, seems to have been the fact in the case of the brilliant and distinguished Dean Swift. The misanthropy manifested by him was not exceeded by any exhibited in any undoubted lunatic we ever saw in an institution for the insane, and yet he was a most brilliant writer—his literary productions being ranked among the standard classical literature of the English language. The greatness of his learning, the brilliancy of his thought, the pungency of his satire was unsurpassed. As a theologian, statesman, poet, wit, he had no superior. Notwithstanding, however, all this intellectual greatness, if to be exceedingly misanthropic, so much so as to have an

utter detestation of the whole human race is to be insane. Dean Swift was insane during the most brilliant time of his career, and had disease of the brain. We are aware that his mind failed shortly before his decease, but that undoubtedly was the consequence of broken-down health and long continued tax of his mental powers—a general decay of intellect and body together.

Sir Walter Scott relates of Swift that he early adopted the custom of observing his birthday as a term, not of joy, but of sorrow, and of reading, when it annually recurred, the striking passage of Scripture in which Job laments and execrates the day upon which it was said in his father's house "that a man-child was born." Those who have his works have doubtless read his "Voyage to the Houyhnhnms," which was inspired by his excessive misanthropy. Scott, speaking of this work, says: "The source of such a diatribe against human nature could only be that fierce indignation which he has described in his epitaph as so long gnawing his heart. Dwelling in a land where he considered the human race as divided between petty tyrants and oppressed slaves, and being himself a worshiper of that freedom and independence which he beheld daily trampled upon, the unrestrained violence of his feelings drove him to loathe the very species by whom such iniquity was done and suffered." But not many years ago moral insanity had not been heard of; and, therefore, neither Scott nor any of his *confreres* could have conceived that Swift, in the midst of his brilliant intellectual display, was a lunatic, and was, therefore, not responsible for such manifestations of misanthropy. According to present opinions, there was actual disease of his brain, and this disease was not necessarily the result of many disappointments preying upon a sensitive mind. but might have arisen from causes entirely foreign to such a condition.

No doubt many at this day, who have experienced the most bitter disappointments, have been betrayed again and again by professed friends, have had their merits unappreciated, have been mortified and chagrined a "thousand times" by being passed by, and charlatans and pretenders preferred to them by those from whom they had expected better things, we say, no doubt many such feel almost as if they could understand how Swift could be as misanthropic as he was, and yet not be insane. Their

feelings are disposed to attest that an individual could regard all men as liars, scoundrels, etc., and be in a perfectly normal condition as regards his moral faculties, for that the experiences of life fall not far short of proving such to be the fact. If our biblical remembrance does not fail us, the Psalmist David somewhere says, "I had come near saying that all men are liars." But we must accept, we presume, the declaration of learned alienists, and regard an individual morally insane who is of the undoubted belief, and acts upon it, that all men are depraved and without virtue, although he may be intellectually a giant—his intellect exhibiting great power and acting normally in every respect—that this latter condition is consistent with disease of the brain existing at the same time.

Decease of Dr. J. L. Vattier.—The community was shocked to learn of the death of Dr. Vattier, which occurred suddenly, at his residence, No. 508 West Seventh Street, at 2 o'clock A. M., January 13.

The Doctor, the day before, was in his usual health and spirits, and, during the afternoon, attended the organization of a successful mining company, to which he was elected Vice-President.

Dr. Vattier was born on October 31, 1808, in an old-fashioned hip roofed house on the corner of Front Street and Broadway, where now stands the wreck of the Spencer House. His education was received from the best private preceptors of the day.

With a view to the practice of medicine, he left school, and entered the service of an apothecary. The year 1827 found him studying medicine under the tutorship of Professors Whitman and Cobb, in a medical college, from which he graduated three years later, and began practice in Indiana. The practice not proving lucrative he returned to Cincinnati, and opened a dry goods store on Fifth Street, between Main and Walnut, the store being called "The Good Samaritan." Later, he ventured unsuccessfully in the same line in Louisville, and returned to Cincinnati.

In 1836, he again resumed practice, and, with the exception of seven years, followed it until his death. The first Ohio Senate held under the Constitution found

him a member. This was in 1851. Two years afterward President Pierce made him Postmaster of Cincinnati, a position he retained under Pierce and his successor, Buchanan, until May, 1858, when he was superseded, but reinstated by President Buchanan in October, 1859.

He originated the enterprise of a street railroad, having organized a company as early as 1853, but failed in the effort for want of a franchise. Five years afterward, he again agitated the subject, and obtained a franchise that was, however, so loaded with damaging restrictions, as to result in a second failure. The Doctor was a prominent Mason, being Grand Master of the Grand Encampment of Knights Templar of Ohio. The Vattier Lodge was named after him, in honor of the man.

A meeting of the medical profession was held on the afternoon of January 14, at the Dental College, when the following resolutions were passed:

Resolved, That by the death of Dr. John L. Vattier the medical profession of Cincinnati has lost one of its oldest and most respected members.

Resolved, That as a man and citizen Dr. Vattier has ever been held in the highest esteem by this community for his integrity and honesty of purpose, and that in the many public offices to which he was elected by the suffrages of the people, or filled by the appointment of National, State and municipal governments, he proved himself competent and trustworthy, and in those trying relations he has left to his family and his friends that priceless heritage, a stainless reputation.

Although he belonged to the older generation of medical men, he was for his years a man remarkable for the warmth of his nature, and the almost youthful buoyancy and elasticity of his emotions. He had a large fund of good humor and a keen sense of the ridiculous. Symbolically speaking, he was a man of large heart and large brain.

Resolved, That in the social relations he was a sincere and devoted friend; as a public officer, zealous and faithful in the performance of his duties; as a medical man, honorable and conscientious in the treatment of his patients, and in his relations with his medical brethren, just, courteous and dignified; that in connection with the medical colleges, hospital, and the other corporations of this city, he labored earnestly and effectively to build up those in-

stitutions, and by securing for them the best medical talent, to give them a national reputation.

Resolved, That our sympathies be extended to his family in this their sad bereavement, and that we will further mark the respect in which we hold his memory by being present at the funeral services.

Resolved, That a copy of these resolutions be published in the daily papers and medical journals of this city, and a copy sent to the family of the deceased.

DRS. JAS. H. BUCKNER,
W. W. DAWSON,
J. P. WALKER,
DAVID JUDKINS,
JOHN MURPHY,
Committee.

DECEASE OF DR. J. F. WHITBECK.—We recently learned with great regret the decease of Dr. J. F. Whitbeck, of Rochester, N. Y. The cause of death was pneumonia. His age was sixty-eight years.

Dr. Whitbeck was born September 27, 1812, at Claverack, Columbia Co., N. Y. In early boyhood he removed to Herkimer County, and here began the study of medicine, graduating at the age of twenty-five from the Fairfield Medical College in that county. He began the practice of medicine at East Avon, N. Y. His next residence was Rochester, where he moved some thirty years ago. Since that time he has lived in that city in the constant practice of his profession. In March, 1854, his first wife died, and, subsequently, in November of the same year, he was married to his present wife, then Miss L. E. W. Smith, daughter of Peter Smith, an old resident of Rochester. Dr. Whitbeck was a prominent member of Genessee Falls Lodge, Ionic Chapter and Cyrene Commandery of the Masonic fraternity, and was at different times the presiding officer of each of these bodies. For many years he has held the office of Prelate in the Cyrene Commandery. He was also a member of the various bodies of the Scottish rite. In the fraternity he has always been active and has commanded the respect of his brethren in a greater degree than any other Mason in the city. He was connected with the medical societies of the city and county, of Western New York, and also with the Ameri-

can Medical Society. Of the two first named societies he has been President. He was a prominent member of the medical staff of the Rochester City Hospital, and was also during the war the surgeon of the 108th New York volunteers. As a physician he ranked among the highest, and was recognized by all as a most competent and able man in his profession. A man of very warm friendship, his circle of friends was an extremely large one, and in his social, no less than in his professional life, he commanded and received the respect of all with whom he came in contact.

The Way of Transgressors.—Last week, in the case of Dr. John Buchanan, formerly Dean of the Eclectic Medical College, Pine Street, above Fourth, Philadelphia, and of the American University of Pennsylvania, charged with conspiracy to defraud the United States, a fine of $500 was imposed by Judge Butler, in the United States District Court. Added to this were the costs of the prosecution, and the prisoner will also have to undergo ten months' imprisonment. M. V. Chapman, in the same case, was fined $500 and costs, and sentenced to a year and ten months' imprisonment.

Dr. Charles Earl, convicted of malpractice, which resulted fatally, was sentenced, in Chicago, recently, to five years' imprisonment in the penitentiary.

Little by little, such characters are being weeded out of the profession.—*Medical Reporter.*

Largest Book Published.—The new edition of Webster's Unabridged Dictionary, just issued, is believed to be, in the quantity of matter it contains, by far the largest volume published. It now contains about 118,000 words defined, and nearly 15,000 words and meanings not found in any other one dictionary. The Biographical Dictionary, just added, supplies a want long felt by the reader and student, in giving the desired information so briefly. Never was any one volume so complete as an aid in getting an education.

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Lozenges are of use in pharyngeal troubles that yield to ordinary medication. By being slowly dissolved, the medicament they contain is brought into contact with the diseased mucous membranes, and hence a beneficial influence, local as well as general, is exerted. In this respect they are of inestimable value to public speakers, teachers, singers, etc., as they are handy to carry about the person. In certain diseases of children, in worms, dyspepsia, and in cases where it is desirable to carry the remedy about the person (as with travelers), the lozenge is a useful form for a medicament. We manufacture fifty formulæ.

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Acid, Hydrobromic Solution.
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Berberina Phosphate (Hydrastin Phosphate).
Choleato Sodium.
Chem. Pure Chloroform.
Chaulmoogra Oil.
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Distilled Ext. Witch Hazel.
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Elixir Salicylic Acid.
Extract Malt.
Glycerated Dialyzed Iron.
Gurjun Balsam.
Hydrastia (White Alkaloid of Golden Seal).
Menthol.
Monobromated Camphor.
Nitrite Amyl.
Nitrite Amyl Pearls.
Picrate Ammonium.
Pepsine Liquid Concentrated.
Pepsine and Lacto-Phos. Lime Lozenges.
Pure Cold Refined White Norwegian Cod Liver Oil.
Quinine Elixir.
Solution Sclerotic Acid.
Sulpho-Carbolate Sodium.
Syrup Iodide Iron.
Yerba Santa Lozenges,
Etc., Etc., Etc.

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CALIFORNIA.

SAN FRANCISCO, CAL., Sept. 13th, 1878.

KIDDER & LAIRD:

Gentlemen—I have used Kidder's Saccharated Pepsine in my own family with the most satisfactory results, and consider it one of the best preparations of the kind manufactured. Yours, etc.,

JAMES G. STEELE, *Chemist.*

SAN FRANCISCO, CAL., July 1st, 1878.

KIDDER & LAIRD:

Gentlemen—We find it very satisfactory, and will always purchase your brand hereafter. Yours, etc.,

LAFORE & KAHN.

CONNECTICUT.

BRIDGEPORT, CONN., July 15th, 1878.

KIDDER & LAIRD:

Gentlemen—The physicians have used it in prescriptions, and think it a valuable preparation, and as good as they ever saw, and will give it the preference in their practice. I have been using Hawley's for the last five or six years. Yours, etc.,

W. & E. SHELTON.

WILLINGTON, CONN., Sept. 29th, 1877.

KIDDER & LAIRD:

Gents—Your elegant preparation of Pepsine has been received. I think it superior to any that I have ever used in my practice. Yours, etc.,

W. L. KELSEY, M. D.

ILLINOIS.

EDGEWOOD, ILL., July 11th, 1878.

KIDDER & LAIRD:

Gentlemen—I find Kidder's Saccharated Pepsine a fine article and very effective in conjunction with other treatments in cases of cholera infantum; would recommend it highly in such cases. Yours, etc.,

JOSEPH HALL, M. D.

MILLSTADT, ILL., June 25th, 1878.

KIDDER & LAIRD:

Gentlemen—I have adopted the use of Kidder's Saccharated Pepsine in preference to any other. It has proved satisfactory in every respect. Yours, etc.,

F. H. KRING.

STANTON, ILL, July 30th, 1878.

KIDDER & LAIRD:

Gentlemen—Please send me one pound of Kidder's Saccharated Pepsine. This makes two and three-quarter pounds. I have used it mostly in prescriptions, and prescribed it in my practice, and find it a reliable article. Yours, etc,

GEORGE BLEY, M. D.

STONE CREEK, ILL., June 15th, 1878.

KIDDER & LAIRD:

Gentlemen—I gave forty grains, in ten-grain doses, and it acted like a charm; shall use no other.

Yours, etc., L. HOBIE, M. D.

WELLINGTON, ILL., March 2d, 1878

KIDDER & LAIRD:

Gentlemen—I shall be glad to avail myself of another supply when needed. I have tested it, and find it fully up to your representations.

Yours respectfully, DANIEL WESTON.

INDIANA.

GALVESTON, IND., July 8th, 1878.

KIDDER & LAIRD:

Gentlemen—I have given your Kidder's Saccharated Pepsine my careful attention, and find it a splendid preparation. I can recommend it in my practice on account of its good qualities.

Yours, etc., B. U. LOOP.

INDIANAPOLIS, IND., July 12th, 1878.

KIDDER & LAIRD:

Gentlemen—Have given Kidder's Saccharated Pepsine in a number of cases of dyspepsia; also given it to the physicians in this locality, who were well pleased with the superior quality of it.

Yours, etc., S. J. HILLMAN, M. D.

SULLIVAN, IND., July 11th, 1878.

KIDDER & LAIRD:

Gentlemen—I have prescribed your Saccharated Pepsine, and recommended it to several physicians, who have used it and pronounce it a first-class article.

Respectfully yours, H. MALOTT, M. D.

WATERMAN, IND., July 19th, 1878.

KIDDER & LAIRD

Gentlemen—I have ascertained from three doctors in my neighborhood that your Kidder's Saccharated Pepsine is a better article than some of the more expensive preparations. Yours, etc.,

OLIVER LA TOURETTE.

LOUISIANA.

DELHI, RICHMOND PARK, LA., March 20th, 1878.

KIDDER & LAIRD:

Gents—When in need of Pepsine will always order Kidder's in preference to all others, as I like it best.

Yours very respectfully, E. W. THOMSON.

MANSFIELD, LA., Jan. 31st, 1878.

KIDDER & LAIRD:

Gents—I know it to be an excellent remedy, and shall in future keep it always on hand, both for my practice and myself. Yours respectfully,

R. T. GIBBS, M. D.

MARYLAND.

ANNAPOLIS, June 20th, 1878.

KIDDER & LAIRD

Gentlemen—Since the reception of your sample of Kidder's Saccharated Pepsine we have used no other. We consider it a first-class preparation. We have never heard anything to the contrary. We shall continue to dispense it unless well-founded objections are made, which we do not fear. We purchase from Messrs. Thomsen & Muth. Yours, etc.,

J. F. PERKINS & BRO.

BALTIMORE, June 19th, 1878.

KIDDER & LAIRD:

Gentlemen—I am using Kidder's Saccharated Pepsine with a great deal of satisfaction. I tested it with Scheffer's, and could not detect the least difference, and, in consequence, have had a number of pounds of yours, purchased from Thomsén & Muth.

Yours, etc., ISAAC R. BEAM.

BALTIMORE, June 19th, 1878.

KIDDER & LAIRD:

Gentlemen—Your Kidder's Saccharated Pepsine appears to be all you claim for it. I have not bought a grain elsewhere since I commenced using yours.

Yours, etc, C. A. GOSNELL.

BALTIMORE, MD., June 20th, 1878.

KIDDER & LAIRD:

Gentlemen—Your Kidder's Saccharated Pepsine has given good satisfaction. It is all you claim for it. Will hereafter use none but Kidder's.

Yours, etc., A. C. HUTHWELKER.

181 LEXINGTON ST., BALTIMORE, MD.

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Gentlemen—Have used Kidder's Saccharated Pepsine for the past year with entire satisfaction. I use no other except specially prescribed. I obtain my supply from Messrs. W. H. Brown & Bro., or Messrs. Thomsen & Muth, Baltimore.

Yours, etc, H. C. MOORE, M. D.

BALTIMORE, June 21st, 1878.

KIDDER & LAIRD:

Gentlemen—I have used Kidder's Saccharated Pepsine alongside Scheffer's, Boudault's, and others, as ordered, and have no reason to believe yours below the standard.

Yours, etc., JOHN SCHWARTZ.

CUMBERLAND, MD., Jan. 21st, 1878.

KIDDER & LAIRD:

Dear Sirs—Kidder's Saccharated Pepsine meets every want of the physicians here.

Very truly, J. F. ZACHARIAS.

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FOR SALE AT ALL WHOLESALE AND RETAIL DRUGGISTS.

For Consumption and Wasting Diseases.

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HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing Immediate Increase in FLESH and WEIGHT.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonsful, equal to 120 drops, contains:

Pure Oil.....80 ms. (drops).	**Soda .....1-3 grains.**
Distilled Water .....35 "	**Boric Acid.....1-4 "**
Soluble Pancreatin, 5 grains.	**Hyocholic Acid. .... 1-20 "**

Dose.—Two teaspoonsful alone, or mixed with twice the quantity of soft water, to be taken thrice daily with meals.

The principles upon which this discovery is based have been described in a treatise on "*The Digestion and Assimilation of Fats in the Human Body*," by H. C. Bartlett, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "*Consumption and Wasting Diseases*," by G. Overend Drewry, M. D.

In these treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

☞**Copies of these valuable works will be sent free on application.**

Hydrated Oil Hydroleine, Water and Oil,

May be described as partially digested oil, which will nourish and produce increase in weight in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may be discontinued when the usual average weight has been permanently regained.

The ordinary so-called emulsions of Cod Liver Oil and other fats, *whether pancreatized or not*, merely remain in the form of a coarse mechanical mixture for a short time after agitation. The digestion of oil, having in no sense been artificially produced, still devolves upon those functional powers, the deficiency of which is the most prominent symptom in these cases.

HYDROLEINE is not a patent medicine or a secret preparation; the formula is on every bottle. Can be taken by the most delicate stomach; is immediately assimilated.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its creamlike condition as long as the purest Cod Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all classes, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use; certain in result. Tonic; digestive and highly nutritive.

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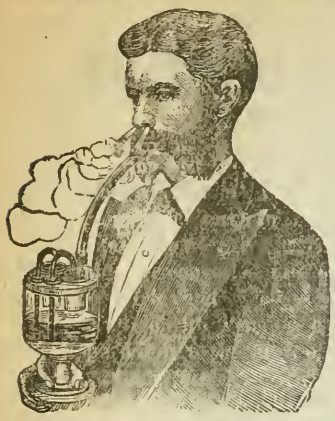

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The numerous experiments made by the most distinguished practitioners of our days in France and America have demonstrated that Dr. Rabuteau's preparations of Iron are superior to all other chalybeates in the treatment of *Chlorosis, Anæmia, Debility, Exhaustion, Convalescence, Weakness of Children*, and all diseases caused by a deterioration of the blood.

Dr. Rabuteau's Dragees (sugar coated pills) do not blacken the teeth, and are assimilated by the most delicate stomachs without causing constipation. Dose, 2 morning and evening, at meal time.

Dr. Rabuteau's Elixir is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

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Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverised iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of *Blancard* *Pharmacien, No. 40 Rue Bonaparte, Paris.* without which none are genuine.

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☞ For Reports of Actual Cases see Opposite Page. ☜

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"As an antiperiodic, Dextro-Quinine deserves a high place; and for the reduction of high temperature in zymotic diseases, I feel that we may regard Dextro-Quinine as equally efficient with the other alkaloids as Cinchona bark."

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Prof. of Clinical Medicine in the University of Pennsylvania.

"We have given Dextro-Quinine an extensive trial. We are quite inclined to believe it is the best substitute for Sulphate of Quinine yet offered the profession. It is given in the same doses as Sulphate of Quinine, and seems equally efficacious."

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Ed. Louisville Medical News, and Prof. Operative Surgery in University of Louisville.

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"Dextro-Quinine is equal to Quinine Sulphate, grain for grain" T. W. JONES, M. D

"Dextro-Quinine is undoubtedly a very active agent. The testimony of a large number of disinterested men who have put it to the test, places it nearly or quite on a level with Sulph. of Quinine. My own experience of it accords with this view."

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"In intermittent and remittent fever, Dextro-Quinine has done all I expected—all I desired. It has acted promptly and *cured* promptly."

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Valley Oak, Ky.

"I have used Dextro-Quinine and find it in every respect equal to Sulphate of Quinine."

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Prof. Mat. Med., etc., N. Y. Medical College.

"In all cases of intermittent fever in which I have used the Dextro-Quinine, at the Mary and Elizabeth Hospital, it has promptly arrested the disease." JOHN E. CROWE, M.D.,
Prof. Obstetrics, etc., University of Louisville.

"I have used Dextro-Quinine and find it in every respect equal to Sulphate of Quinine."

F. LE ROY SATTERLEE, M.D., PH.D., *Prof. of Chem., Mat. Med., and therap. in the N. Y. College of Dentistry; Prof. of Chem. and Hygiene in the Am. Vet. College, etc.*

☞ For original articles on the clinical use of Dextro-Quinine during the year 1879, in Remittent, Intermittent and Typhoid Fevers, Pertussis, Cholera Infantum, Pneumonia, Periodic Neuralgia, etc., see communications entitled, "On the use of Dextro-Quinine."—*Medical and Sugical Reporter* January 25th. "Dextro-Quinine."—*Medical and Surgical Reporter*, April 5th. "A Case of Pneumonia, etc., treated by Dextro-Quinine," etc.—*Medical and Surgical Reporter*, December 20th. "Dextro-Quinine as an Antiperiodic."—*Ohio Medical Recorder*, March. "On Dextro-Quinine."—*New Remedies*, March. "Dextro-Quinine as an Antiperiodic."—*N. Y. Eclectic Medical Journal*, June. "Dextro-Quinine."—*Cincinnati Lancet and Clinic*, August. "On the use of Dextro-Quinine."—*Louisville Medical News*, April 5th and May 17th "Dextro-Quinine as an Antiperiodic."—*Medical Brief*, July. "Malarial Fever of the South."—*Southern Medical Record*, August. "Dextro-Quinine in Pertussis."—*Southern Medical Record*, November. "Dextro-Quinine."—*Medical Summary*, (two articles), October. "Notes on Hospital and Private Practice."—*Pacific Medical Journal*, October. "Dextro-Quinine."—*Western Lancet* (San Francisco), December.

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KEASBEY & MATTISON,
Manufacturers of Quinine and Other Fine Chemicals.
Nos. 328, 330 and 332 North Front Street, Philadelphia.

FACTS FROM OHIO.

THE USE OF DEXTRO-QUININE IN INTERMITTENT FEVER.

Case.	Name, and sex of patient.	Age, etc.	No. paroxysms before taking.	Paroxysms after taking.	Dose and mode of exhibition.	Total amount exhibited.	Remarks, pathological and physiological phenomenon, etc.	Reported by
34	Miss D.	28	Unknown, a great many.	0	3 grs. every 3 hours.	30 grs.	Had been under treatment about four months with Cinchonidia Sulphate, which would control the paroxysms at the moment but they would invariably return. Used *Dextro-Quinine* in the same doses and there has been no return of the chills. Another case, Mrs. B., æt. 77, was unable to take Cinchonidia on account of the severe tinnitis aurium. etc. I prescribed *Dextro-Quinine* without any head symptoms with satisfactory result.	G. S. Krieger, M.D., Lebanon, O.
74	Geo. C., male. "Has used Quinine until the name of it gave him the horrors."	28 Single.	Unknown, has been suffering with almost daily paroxysms for nearly 2 years.	0	9 grs., in three doses of 3 grs. each, 3, 2, and 1 hour before the expected attacks.	9 grs.	Missed chill on first day, put him on pills containing *Dextro-Quinine*, Ferri. Acid Arsenious and Ext. Nux Vom., and has had no return of chill to date. This man in connection with the chills was down with the yellow fever in Memphis during the late scourge. He returned here and has been under my treatment ever since his return. I have used Quinine and Cinchonidia with very poor success in his case.	B. S. Chambers, M.D., Cincinnati, O.
143	Miss Smith.	27	3	0	4 grs. every 2 hours combined with ½gr. doses of Capsicum.	16 grs.	The best word I can say for *Dextro-Quinine* is, that I have not prescribed any other anti-periodic since receiving sample of *Dextro-Quinine*. I find the action more certain when combined with Capsicum, as I also did with Sulphate of Quinine.	J. W. Lisle, M. D., Millfield, Ohio.
144	Miss Artz.	25	For 3 years more or less frequently.	1	4 grs. every 3 hrs. until 16 grs. were given, then same repeated.	32 grs.		
145	Mrs. C. Taken Quinine without any effect.	25	15	0	2 gr. pills, 2 every 2 hours.	34 grs.	Had taken quinine without any effect. Had had no return since using the *Dextro-Quinine*. Now over four months.	J. Frank Vigor, M.D., Gilead Station, Ohio.
150	Lena Rush. Had taken 15 grs. of Quinia daily without effect.	26, mother 4 children	8	0	2 gr. pill every hour till 5 were taken.	20 grs.	Paroxysm every day about 4 p.m. Cold and hot stages short, followed by very profuse sweating. Had taken Sulphate of Quinia 15 grs. per day, without any effect whatever.	A. J. Learned, M.D., Pataskala, Ohio.
178	Mr. C.C.	40	20 or more.	0	5 grs. every 3 hrs. until 30 gr. taken, then 5 gr. 3 times a day.	120 grs.	I find that it is equally as good as Quinine Sulphate, with none of the unpleasant head symptoms derived from the latter.	J. F. Heady, A.M., M.D., Springdale, Ohio.
179	Mr. H.O.	42	Two, but often had them previously.	0	5 grs. every hr., till 30 grs. were given.	30 grs.	Perfectly satisfactory. Have obtained only good results in the cases in which I have used the *Dextro-Quinine*.	
192	Jas. L.	26	About 30.	0	15 grs., in 3 powders, 3, 2, and 1 hr. before the chill.	15 grs.	In all these cases I began treatment with Cathartic, then after chill was checked put them on tonics, and on 7th, 14th and 21st days, I repeated the dose in lessened quantities. I very seldom have any trouble with return of chill.	B. S. Chambers, M.D., District Physician, Newport, Ky.
193	Annie C.	17	3	0	12 grs., in 4 pills, 2 at night and 2 in morning.	12 grs.	I sent you report of the 1st case I had, Geo. Caldwell, which was the worst case I have ever seen. He has never had any return. I have used it in a large number of cases with about the same average result as when I used the Sulph. of Quinine. I cannot say that I see much difference between *Dextro-Quinine* and Sulphate of Quinine. I send 3 reports of cases from my own O. D. P. list. Of course, cases of this kind are usually of the very worst type. I send from my list, cases Nos. 18, 33, and 48.	
194	Jas. J., col'd.	38	About 30.	0	20 grs., in 4 pills, 4, 3, 2 and 1 hour before chill time.	20 grs.		

SEND FOR CLINICAL DETAILS OF 1,000 CASES.

DEXTRO-QUININE sent by mail to Physicians who cannot be supplied by their local druggists. Address

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BARON LEIBIG, the greatest authority on Infant Diet, states that the majority of children who die under one year of age, do so from the effects of improper food, or from the improper administration of the food.

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A Concentrated Extract, prepared according to the Formula of Baron Liebig, and, unlike other Foods,

IS NOT FARINACEOUS.

It is acknowledged by Physicians to be the best Food

For Infants, Dyspeptics and Invalids.

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Speaking of **HORLICK'S FOOD:** "Being carefully prepared, according to Liebig's Formula, by Chemists fully competent, it possesses certain advantages, such as quick and easy preparation and a pleasant flavor, and is therefore highly esteemed by those who have used it." [*Page 58 of the fourth edition of a Treatise on Diseases of Infancy and Childhood. By J. Lewis Smith, M. D., etc.*—1879] Also, speaking in another place [page 647] of artificial food for infants, especially those suffering from intestinal catarrh, he says: "I prefer Liebig's, especially **HORLICK'S** preparation of it."

Report from Bellevue Hospital, New York.

In *The Hospital Gazette* for February 6th, 1879 [page 108] Dr. E. Hochheimer makes a report from BELLEVUE HOSPITAL of a case of Infantile Paralysis, which was followed by an exhausting diarrhœa.—Speaking of the treatment, he says: "Her condition continued unchanged for the next three weeks; she was put upon a diet consisting principally of milk, but the diarrhœa persisted in spite of opiates and astringents."

"*Nov. 17th.—Milk was stopped, and she was put upon a diet of HORLICK'S FOOD; after this she began to mend, the diarrhœa became less and finally disappeared; she began to gain flesh, and her general condition was much improved.*"

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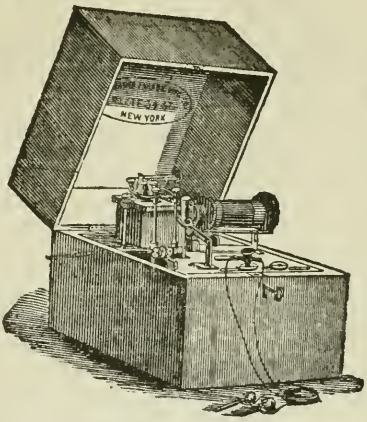

FROM THE

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OF

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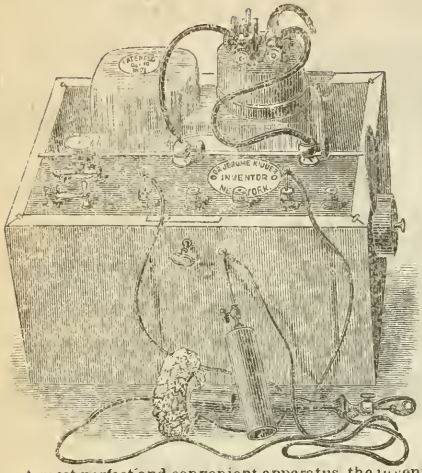

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PURE COD LIVER OIL

WITH

HYPOPHOSPHITES OF LIME AND SODA

PERFECT, PERMANENT, PALATABLE.

The high character and wide reputation SCOTT'S EMULSION has attained through the agency of the Medical Profession, and the hearty support they have given it since its first introduction, is a sufficient guarantee of its superior virtues. The claims we have made as to its permanency—perfection and palatableness—we believe have been fully sustained, and we can positively assure the profession that its high standard of excellence will be fully maintained. We believe that the profession will bear us out in the statement that no combination has produced as good results in the wasting disorders, incident to childhood; in the latter, as well as the incipient stages of Phthisis, and in Scrofula, Anæmia and General Debility. We would respectfully ask the profession for a continuance of their patronage, and those who have not prescribed to give it a trial. Samples will be furnished free on application.

FORMULA.—50 per cent. of pure Cod Liver Oil, 6 grs. of the Hypophosphite of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce.

SCOTT & BOWNE,
Manufacturing Chemists 125 Hudson Street, N. Y.

MESSRS. SCOTT & BOWNE: New York, *September* 4, 1876.

GENTS—I have prescribed Scott's Emulsion of Cod Liver Oil with Hypophosphites in both private and hospital practice, and consider it a valuable preparation. It remains as a permanent emulsion even in extremely hot weather, and is more palatable than any other preparation of oil that I have used. Yours, very respectfully,

ROBERT WATTS, M. D., President Medical Board Charity Hospital.

New York, *September* 2, 1876, 66 West Thirty-sixth Street.

MESSRS. SCOTT & BOWNE:

GENTS—I have frequently prescribed Scott's Emulsion of Cod Liver Oil with Hypophosphites during the last year, and regard it as a valuable preparation in scrofulous and consumptive cases—palatable and efficacious. C. C. LOCKWOOD, M. D.

MESSRS. SCOTT & BOWNE:

GENTLEMEN—Within the last two months I have fairly tried Scott's Emulsion of Cod Liver Oil with Hypophosphites, and I candidly declare that it is the finest preparation of the kind that has ever been brought to my notice In affections of the lungs, and other wasting diseases, we consider it our most reliable agent In a perfectly elegant and agreeable form. Very truly,

J. SIMONAUD, M. D., New Orleans, La.

MESSRS. SCOTT & BOWNE: Chicago, *November* 7, 1878.

I have prescribed Scott's Emulsion of Cod Liver Oil, etc., to a considerable number of patients, and have been much pleased with its effects. I have very rarely met with a case in which it was indicated where it was not taken without repugnance. It is comparatively agreeable to the taste; is well tolerated by the stomach, and has so far furnished all the beneficial results expected from the combination.

Respectfully yours, J. ADAMS ALLEN, M. D., LL. D.,

President and Professor of the Principles and Practice of Medicine in Rush Medical College, Chicago, Ill.

GENTLEMEN—I fully concur in the above recommendation: having used the remedy in several cases. JOS. P. ROSS, A. M., M. D.,

Professor of Clinical Medicine and Diseases of the Chest, Rush Medical College, Chicago, Ill.

MESSRS. SCOTT & BOWNE: Louisville, *December* 7, 1878.

I have been using Scott's Emulsion of Cod Liver Oil with Hypophosphites in my practice for several years, with more satisfaction growing out of success than any other preparation I have ever used. I commend it to my classes in the University of Louisville, as much the best article of Cod Liver Oil. Respectfully yours,

T. S. BELL.

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Ann Arbor, Mich., September 25, 1880.

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PROF. R. OGDEN DOREMUS.

In its superiority to the Extract of Malt prepared from barley alone I consider it to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents. C. H. LEWIS, M. D., *Jackson, Mich.*

The following is an extract from a report of WM. PORTER, A. M., M. D., *St. Louis, Mo.*

After a full trial of the different Oils, and Extract of Malt preparations, in both hospital and private practice, I find MALTINE most applicable to the largest number of patients, and superior to any remedy of its class.

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GENTLEMEN:—The preparations of MALTINE I have already used have impressed me as being not only superior to Barley Malt, as a nutrient tonic, but as furnishing an admirable vehicle for the combination of other tonics. The preparations with Cod Liver Oil, with Pepsin and Pancreatine, and with Phosphates, as well as the Malto-Yerbine, I have especially liked. I have used no "Barley Malt" since I have been able to obtain the MALTINE. W. F. BREAKEY, M. D.,

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Chemical Report on Maltine.

By WALTER S. HAINES, M. D.,
Professor of Chemistry and Toxicology, Rush Medical College, Chicago.

CHEMICAL LABORATORY OF RUSH MEDICAL COLLEGE,
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In order to test the comparative merits of Maltine and the various extracts of malt in the market, I purchased from different druggists samples of Maltine and of the most frequently prescribed extracts of malt, and have subjected them to chemical analysis.

As the result of these examinations, I find that Maltine contains from half as much again to three times the quantity of phosphates (nerve and brain food and bone producers), and from three to fourteen times as much diastase and other albuminoids (digestive agents and muscle producers), as any of the extracts of malt examined. Since the value of such preparations is indicated very exactly by the proportion of these—their two most important constituents, I have no hesitation in pronouncing Maltine greatly superior to any extract of malt which I examined.

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MALTINE IN PULMONARY PHTHISIS.

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Any Physician who will test MALTINE, Plain, in comparison with Cod Liver Oil, in a case of Pulmonary Phthisis, will find that it will increase weight and build up the system far more rapidly. There are, however, many cases when the compounds with Hypophosphites, Phosphates, Peptones, Malto-Yerbine, and Pepsin and Pancreatine are strongly indicated.

After full trial of the different Oils and Extract of Malt preparations, in both hospital and private practice, I find MALTINE most applicable to the largest number of patients, and superior to any remedy of its class. Theoretically, we would expect this preparation, which has become *practically officinal*, to be of great value in chronic conditions of waste and mal-nutrition, especially as exemplified in phthisis. Being rich in Diastase, Albuminoids and Phosphates, according to careful analysis, it aids in digesting farinaceous food, while in itself it is a brain, nerve and muscle producer. WM. PORTER, A. M., M. D., *St. Louis, Mo.*

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123 *Landsdowne Road, Notting Hill, W. London, October* 16, 1880.

I have used MALTINE with Cod Liver Oil with the happiest results in a case of tuberculosis attended with tubercular peritonitis, in which the temperature of the patient rose to 105 1-5° and persistently remained above 100° for upwards of two months. The only medicine taken was MALTINE with Cod Liver Oil, and an occasional dose of Carbonate of Bismuth, to check Diarrhœa. She gradually improved and made a perfect recovery. I find MALTINE with Cod Liver Oil is more readily taken and more easily assimilated than Cod Liver Oil in any other form.

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I find that my patients can readily digest your MALTINE with Cod Liver Oil without causing any unpleasant after-feeling. I have full confidence in the virtue it possesses to sustain the system during prolonged diseases of a tubercular or atrophic nature. FREDERICK JOY, L.R.C.P., M.R.C.S.

PROF. L. P. YANDELL, in *Louisville Medical News, January* 3, 1880:—MALTINE is one of the most valuable remedies ever introduced to the Medical Profession. Wherever a constructive is indicated, MALTINE will be found excellent. In pulmonary phthisis and other scrofulous diseases, in chronic syphilis, and in the various cachectic conditions, it is invaluable.

Adria, Mich., February 16, 1880.

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THIRD:—That Maltine is the most important constructive agent now known to the Medical Profession in Pulmonary Phthisis.

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